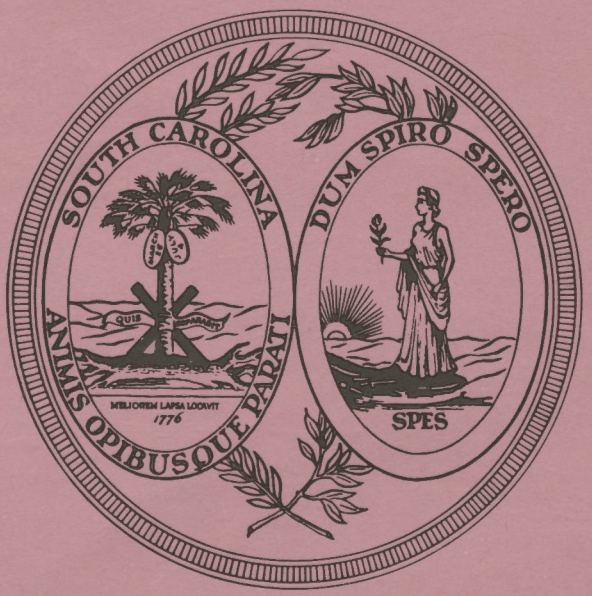
# SOUTH CAROLINA
# DEPARTMENT OF MENTAL HEALTH






# ANNUAL REPORT
# 1989-1990

Printed Under The Direction Of The
State Budget And Control Board

DMH South Carolina Department of Mental Health

Commissioner's Office
2414 Bull Street/P.O. Box 485
Columbia, SC 29202
(803) 734-7780
Information: (803) 734-7766

**Joseph J. Bevilacqua, Ph.D.**
State Commissioner

October 26, 1990

To his Excellency Carroll A. Campbell, Jr., Governor, and the Honorable Members of the General Assembly of South Carolina, transmitted herewith is the Annual Report of the South Carolina Department of Mental Health for the fiscal year 1989-1990.

Respectfully submitted,

Joseph J. Bevilacqua, Ph.D.
State Commissioner

Enclosure

# TABLE OF CONTENTS

## INTRODUCTION

The South Carolina Department of Mental Health (SCDMH) is committed to providing high quality services aimed at assisting those citizens of South Carolina who suffer from mental illness to enjoy respect and individual growth.

By state law, SCDMH is charged to provide treatment, consultation and education services to all citizens of South Carolina, and their families, who suffer from:

* serious mental illness
* a significant inability (often temporary) to cope with the daily stresses of life
* alcoholism and drug addiction - This responsibility is shared with the S.C. Alcohol and Drug Abuse Commission whose primary responsibility is prevention.
* both mentally ill and mentally retarded - citizens who are only mentally retarded are cared for the the S.C. Department of Mental Retardation.

South Carolina is divided into 17 geographical areas called catchment or service areas. Each area has a comprehensive mental health center. Each center is governed by a local administrative board that operates within policies and guidelines set by the department. These centers serves the state's 46 counties through 17 main facilities and a network of 42 satellite offices and 30 outreach programs.

Community mental health centers are the entry point into South Carolina's mental health system.

When a community mental health center's resources cannot meet patients' needs, the center refers patients to one of the department's nine inpatient facilities.

The South Carolina Department of Mental Health is goverened by the seven members of the S.C. Mental Health Commission, who are appointed for five-year terms by the governor, with the advice and consent of the Senate.

## OFFICE OF THE COMMISSIONER

It has been an exciting year for the South Carolina Department of Mental Health. Here is a description of the agency's key accomplishments and major developments during FY 89-90.

A. Budget

The department has been plagued in previous years with recurring budget deficits. This fiscal year, the department made a major effort to balance its budget. The agency projected an $11.5 million deficit at the beginning the fiscal year, which included $2.7 million carried over from FY 89. The department successfully implemented a $6.3 million deficit reduction plan early in the fiscal year, trimming the projected deficit to $5.2 million.

With support from the Mental Health Commission and through efforts of a special management committee charged with avoiding a deficit, the agency tightly managed hiring, overtime, contracts and the use of nursing pools as well as other expenses. The agency ended the fiscal year without a deficit. This monitoring committee will continue its efforts in the coming fiscal year to ensure a balanced budget.

B. Termination of 1986 Consent Decree with U.S. Justice Department

By the end of FY 90, the S.C. Department of Mental Health met requirements of a 1986 consent decree with the U.S. Justice Department, prompting the federal court to terminate the decree.

In June 1986, the State of South Carolina agreed to reduce the population at State Hospital, to improve staff-to-patient ratios and to expand and improve community mental health services in order to reduce the need for admissions to state psychiatric hospitals.

The consent decree was reached two years after a Justice Department investigation cited State Hospital, the state's oldest and largest institution for the mentally ill, for subjecting patients to "egregious and flagrantly unconstitutional conditions."

Justice Department consultants found serious deficiencies in the number of qualified physicians at State Hospital and inadequate nursing coverage throughout most of the hospital — conditions that subjected patients to "unreasonable personal safety risks." The consultants also found improper use of restraint and seclusion and "serious deviations from accepted medical practice in the use of psychotropic drugs."

State Hospital has undergone dramatic changes in the last four years. The institution has met all staff-to-patient ratios required under the consent decree. In addition, the population at State Hospital has gone from 1,100 patients in 1984 to 541 patients by June 1990. Part of this reduction came about when the child and adolescent unit (40 beds) and the forensic unit (100 beds) were transferred to William S. Hall Psychiatric Institute in 1986.

In addition to staffing improvements and census reduction, State Hospital has implemented an aggressive quality assurance program to address patient-care issues and to monitor the quality of services. The hospital has a fully operational computerized pharmacy. Quality assurance and pharmacy personnel continue to audit medical records to ensure proper use of medication and appropriate documentation.

Risk management personnel monitor daily to ensure compliance of patient seclusion and restraint policies. There have been no violations since 1984.

Dr. Llewellyn Bigelow, a consulting psychiatrist for the Justice Department who visited State Hospital in March 1988, noted the improvements.

"I emphasize that nowhere did I find the kinds of attitudes and lack of controls that could lead to an institutional acceptance of the kinds of abuse reported in the 1970s and early 1980s," he said.

"It is a tribute to the leadership and the staff of the (SC State) hospital and to the state that the problems discovered have been aggressively pursued and eliminated," he said.

In addition to changes at State Hospital, the department has continued its obligation to develop comprehensive community programs designed to screen and divert admissions from State Hospital, as well as to provide appropriate services for chronically mentally ill patients who no longer need hospitalization.

The department's 17 community mental health centers operate a 24-hour telephone answering service that allows any citizen in a psychiatric crisis to reach a mental health professional at any time. Also, all 17 community mental health centers have arrangements for face-to-face intervention by a mental health professional 24-hours a day, should those services be needed.

By the close of FY 90, community mental health centers were screening nearly 96 percent of all admissions to DMH inpatient facilities. Often ways are found to avert an admission.

Community-based programs for the chronically mentally ill are allowing patients who would have been long-term admissions to State Hospital to remain in their communities.

The department is continuing its effort to enhance community programs — particularly emergency services.

The improvements of the last four years have not been without cost. In 1986 when the consent decree was signed, the department estimated it would cost about $20 million over a four-year period to meet the requirements. During the four years, FY 87- FY 90, the South Carolina General Assembly appropriated $19.8 million to pay for Justice-mandated improvements. Of that, $4.7 million went to State Hospital, $10.8 million to community mental health centers, $2.5 million for alcohol and drug services and $1.7 million to transfer the children's unit and forensic unit to Hall Institute.

In FY 89, the Justice Department asked DMH to improve the environment at State Hospital. The General Assembly appropriated $3.2 million to pay for heating, air conditioning and ventilation improvements, as well as additional fire and life-safety modifications. These improvements were completed.

**Justice Objectives — South Carolina State Hospital**

| OBJECTIVE | GOAL | STATUS, July 1990 |
|---|---|---|
| Director of professional services | 1 | 1 |
| Physician/Patient ratio | 1:30 | 1:24 |
| Ph.D. Psychologist/Patient ratio | 1:300 | 1:115 |
| R.N.s on Duty | | |
| Day/Evening shift ratio | | |
| For acute patients | 1:25 | 1:24 |
| Long-term patients | 1:40 | 1:38 |

C. DMH Response to Hurricane Hugo

Hurricane Hugo, a Category 4 hurricane packing 135 mph winds, hit the South Carolina coast near midnight September 21. The eye of the storm passed over Charleston, causing a 17-foot tidal surge. The storm cut a path of destruction along the coast and through the center of the state as it headed to Charlotte, N.C. Twenty-four of the state's 46 counties were declared federal disaster areas.

Shortly after the storm hit, eight "GO TEAMS," each made up of two DMH employees, were sent into the affected areas to assess damage, the storm's impact on the staff and the need for assistance. By Saturday, Sept. 23, some 80 employees were sent to Berkeley, Charleston, Dorchester, Horry, Georgetown and Williamsburg counties. These employees provided emotional support to center staff, helped get damaged mental health centers operating, worked in shelters and Disaster Assistance Centers, cooked food, distributed supplies, provided medical and nursing care and did crisis counseling.

Fresh crisis teams were rotated into affected areas every three to five days until early November 1989. In all, about 592 DMH employees contributed to the initial support of victims of Hurricane Hugo.

In early October 1989, the department applied for and received a $300,000 Federal Emergency Management Agency (FEMA) Immediate Service Grant. That grant was later extended into a nine-month, $1.5 million grant to provide crisis counseling to Hugo victims through mid-October 1990. The two grants allowed the department to hire 57 employees, 51 of whom provided outreach work.

The Hugo Outreach Support Teams (HOST) spent their time in communities providing crisis counseling to individuals needing support, helping people with FEMA applications, referring victims to appropriate agencies, transporting people to helping agencies, locating people in isolated areas and getting help to them, providing information and education about ways to minimize stress, and working closely with school counselors, principals and teachers in their efforts to help children affected by the storm. A final report on the services provided will be available in 1991, following completion of the grant period.

D. Transition Leadership Council

The Transition Leadership Council, a 22-member committee, was formed in spring 1989 to suggest ways to create a community-based system of care.

The council met for the first time on June 14, 1989. It was charged with helping the department restructure the state's mental health system so people who need help can get services as close to home as possible.

The council's report is expected to be submitted to the state Mental Health Commission in November 1990. In an effort to include suggestions and recommendations from those interested in the future of mental health services, the council developed six general goals to stimulate discussion about improving mental health services.

The goals, along with a preamble, were discussed at a series of public forums around the state that began in May 1990.

Here are the preamble and the goals:

Preamble

All of us experience difficulties, like the loss of a loved one, family problems, economic losses, difficulties at work and physical illnesses. We do best when the help we receive to cope with these problems does not disrupt those aspects of our lives that give us strength — family, friends, work, school and church. This is equally true for people with serious mental illness.

Services for people with mental illness should build on the strengths of each person and provide the opportunity for improving the quality of life. The best place to accomplish this is in the person's home community — not a large state hospital miles away from home.

Most people with mental illness are not dangerous to others. For those who are, services must be provided in a way that protects them and other people. The best way to accomplish this may, at times, be in a central facility.

The following goals are based on these considerations:

1. People with serious mental illness will receive needed services as close to home as possible through South Carolina's community

mental health centers.

2. Services that are beyond the capacity of individual community mental health centers will be developed by two or more centers on a regional basis or provided in a central facility.

3. The following groups will be given priority for services:
   * Adults with serious mental illness
   * Children and adolescents who are seriously emotionally disturbed
   * Seriously mentally ill people with special needs, such as alcohol and drug abuse problems, mental retardation, and involvement with the criminal justice system

   All services will be designed to be sensitive to the needs of minority patients and families.

4. New funds will be sought to increase the capacity of communities across the state to meet the needs of people with mental illness, in cluding local hospitalization and the other community services that are proven effective.

5. Existing funds will be reallocated as patient care is shifted from central facilities to local communities.

6. Mental health professionals who work in South Carolina's public mental health system will be well prepared to provide the range of services needed. All training will be designed to be sensitive to the needs of minority patients and families.

The department will be faced with replacing the aging South Carolina State and Crafts-Farrow State hospitals within a few short years.

Despite the proud history of these institutions, the buildings are so antiquated that they are beyond repair and renovation. Even if they could be refurbished, department officials say the cost would be prohibitive and their layouts are not conducive to current treatment approaches.

The department must decide whether to rebuild these hospitals in the same location, build smaller regional hospitals, develop a wide range of community services so the mentally ill don't have to be sent to central institutions, or a combination of these ideas. The TLC was formed to study all these possibilities and to develop the best course of action for restructuring the state's mental health system.

When the TLC began its work in June 1989, the council reviewed all previous planning documents, such as the department's five-year plan, "Vision for the Future," and the Citizens' Panel report.

The council broke into five subcommittees — Clinical Services, Patient Data and Trends, Capital Financing, Human Resources/Academic Link-

ages and Regional Services committees.

The Clinical Services Committee is developing recommendations for defining DMH target populations, as well as recommendations for seven service elements that should be available in all communities.

The Human Resources and Academic Linkages Committee is examining workforce and training issues.

The Patient Data and Trend Committee is developing detailed projections, by county, of the prevalence of mental illness for the next 10 to 20 years. The committee also is working on a South Carolina mental health workforce estimate for the next 20 years.

The Regional Services Committee is looking at what kind of services are beyond the capacity of local mental health centers and should be provided on a regional basis.

The Capital Planning and Financing Committee completed an inventory of DMH inpatient beds and a survey of buildings used by centers. It is also studying methods to finance new buildings.

E. Future Role of William S. Hall Psychiatric Institute

A Blue Ribbon Panel on the Future of the William S. Hall Psychiatric Institute was appointed to study the mission, function and direction for the Institute in the 1990s. The panel, which issued its report Feb. 8, 1990, was charged with assessing the education, research and service roles of the Institute and how these can best address the mental health needs of the state.

Some of the recommendations from the panel's report include:

1. The Institute should continue as the teaching and research division for the S.C. Department of Mental Health and the Department of Neuropsychiatry and Behavioral Sciences at the University of South Carolina School of Medicine.
2. Teaching programs within the Institute must be developed capable of meeting the needs of the population served by DMH.
3. Multidisciplinary mental health training should continue as a major mission.
4. The interdisciplinary "team concept" of mental health care should become a major component of all service delivery. The Institute must train mental health professionals who can work with all disciplines to serve the state's mentally ill in both the public and private sectors.
5. Linkage with DMH, USC and other public care facilities should become a major goal for the Institute. Liaison with local mental health centers and county hospitals must be expanded. To assist the department and the community in moving to an outpatient-based care system, the Institute must move out from its own walls and become a highly visible leader in the community.

A new director of William S. Hall Psychiatric Institute and chairman of the Department of Neuropsychiatry and Behavioral Sciences at the USC School of Medicine will take over in November 1990.

Larry R. Faulkner, M.D., director of education and professor of psychiatry at the Oregon Health Science University in Portland, Ore., will succeed Alexander G. Donald, M.D. Dr. Donald resigned as chairman and director in June 1990.

Dr. Faulkner earned a bachelor's degree in 1970 from Whitman College, Walla Walla, Wash. He received his medical degree in 1974 from the University of Washington in Seattle and completed his residency requirements at the University of Arkansas for Medical Sciences in Little Rock.

F. Services for children, adolescents and their families

Three new family preservation projects were established this fiscal year. Projects began in Chester, Anderson and Richland counties. The additional programs bring the total number of these intense, home-based treatment services for children at risk of being removed from their homes to six. The goal is to have a family preservation program in each of the state's 46 counties.

Four additional staff members were hired to enhance child, adolescent and family outpatient services.

In addition, the department secured its first therapeutic foster care beds through a contract with Human Service Associates. The contract provided 10 beds. The availability of these beds helped broaden the array of services available to serve children. A therapeutic foster care bed is a bed in a single-family home where the couple or person who live there receive specialized training to help a child placed in that home. Five of the 10 beds are located in the Midlands and the other five in the Pee Dee area.

G. Development in Community Mental Health Programs

1. Governance

The department continued efforts to clarify the operating relationship between the Department of Mental Health and its 17 community mental health centers. A comprehensive study was done to look at various ways community mental health centers can be governed. The department's management invited community mental health centers to submit a governance proposal that best suits their local needs and capabilities. These proposals will be evaluated in FY 91 and several pilot projects may be initiated to see if different operating relationships are more effective than those that now exist.

2. Case Management

Two major goals related to providing case management services to people with a serious mental illness were identified in 1987 in the state's

five-year plan, "Vision of the Future."

The first goal was to expand staff training, with emphasis on community physicians and case managers. During FY 90, a 54-hour comprehensive case management training program was presented to 115 community case managers. Since the case management training program was developed in 1987, a total of 272 case managers have completed the training. Also, several training programs for community physicians have been held in conjunction with monthly meetings of all center and facility medical directors.

The second goal, to be accomplished by the end of FY 92, was to expand the intensive case management program for clients with a serious mental illness identified as high users of services and most in need of services. The goal is to reach a staff/client ratio of 1:20 in the intensive case management program.

Clients identified as needing intensive case management services are assigned a case manager upon entry to the community mental health center. This case manager is responsible for developing an individualized treatment plan, rendering or brokering necessary services and monitoring the client's progress.

The department, in conjunction with consumer and advocacy groups, has determined that clients most in need of intensive case management services are those who have had three or more hospital admissions in the last five years or who have had a least one yearlong admission to the hospital within the last five years.

The department identified 3,896 people, by name, who fit either of these criteria and is assigning them to case managers at a 1:20 ratio. By the close of FY 90, 54 of the 229 case managers needed to provide these concentrated services were on staff and eight of the department's 17 mental health centers had intensive case management programs.

H. Services for hearing-impaired clients with a serious mental illness

The department established a 22-bed inpatient treatment program at the Patrick B. Harris Psychiatric Hospital in Anderson for hearing-impaired people with a serious mental illness. This program is staffed by mental health professionals who are fluent in American Sign Language.

A full range of services to make mental health services more accessible to deaf and hard-of-hearing residents of South Carolina are planned. Regional counselors for deaf and hard-of-hearing clients will be located in community mental health centers in Charleston, Columbia, Greenville and Florence. These counselors will provide direct services and will coordinate other mental health services through local agencies.

Community care homes for deaf people are also being developed in some communities. These homes will provide individual living skills instruction, counseling and other supportive services to residents.

A new director of William S. Hall Psychiatric Institute and chairman of the Department of Neuropsychiatry and Behavioral Sciences at the USC School of Medicine will take over in November 1990.

Larry R. Faulkner, M.D., director of education and professor of psychiatry at the Oregon Health Science University in Portland, Ore., will succeed Alexander G. Donald, M.D. Dr. Donald resigned as chairman and director in June 1990.

Dr. Faulkner earned a bachelor's degree in 1970 from Whitman College, Walla Walla, Wash. He received his medical degree in 1974 from the University of Washington in Seattle and completed his residency requirements at the University of Arkansas for Medical Sciences in Little Rock.

F. Services for children, adolescents and their families

Three new family preservation projects were established this fiscal year. Projects began in Chester, Anderson and Richland counties. The additional programs bring the total number of these intense, home-based treatment services for children at risk of being removed from their homes to six. The goal is to have a family preservation program in each of the state's 46 counties.

Four additional staff members were hired to enhance child, adolescent and family outpatient services.

In addition, the department secured its first therapeutic foster care beds through a contract with Human Service Associates. The contract provided 10 beds. The availability of these beds helped broaden the array of services available to serve children. A therapeutic foster care bed is a bed in a single-family home where the couple or person who live there receive specialized training to help a child placed in that home. Five of the 10 beds are located in the Midlands and the other five in the Pee Dee area.

G. Development in Community Mental Health Programs

1. Governance

The department continued efforts to clarify the operating relationship between the Department of Mental Health and its 17 community mental health centers. A comprehensive study was done to look at various ways community mental health centers can be governed. The department's management invited community mental health centers to submit a governance proposal that best suits their local needs and capabilities. These proposals will be evaluated in FY 91 and several pilot projects may be initiated to see if different operating relationships are more effective than those that now exist.

2. Case Management

Two major goals related to providing case management services to people with a serious mental illness were identified in 1987 in the state's

five-year plan, "Vision of the Future."

The first goal was to expand staff training, with emphasis on community physicians and case managers. During FY 90, a 54-hour comprehensive case management training program was presented to 115 community case managers. Since the case management training program was developed in 1987, a total of 272 case managers have completed the training. Also, several training programs for community physicians have been held in conjunction with monthly meetings of all center and facility medical directors.

The second goal, to be accomplished by the end of FY 92, was to expand the intensive case management program for clients with a serious mental illness identified as high users of services and most in need of services. The goal is to reach a staff/client ratio of 1:20 in the intensive case management program.

Clients identified as needing intensive case management services are assigned a case manager upon entry to the community mental health center. This case manager is responsible for developing an individualized treatment plan, rendering or brokering necessary services and monitoring the client's progress.

The department, in conjunction with consumer and advocacy groups, has determined that clients most in need of intensive case management services are those who have had three or more hospital admissions in the last five years or who have had a least one yearlong admission to the hospital within the last five years.

The department identified 3,896 people, by name, who fit either of these criteria and is assigning them to case managers at a 1:20 ratio. By the close of FY 90, 54 of the 229 case managers needed to provide these concentrated services were on staff and eight of the department's 17 mental health centers had intensive case management programs.

H. Services for hearing-impaired clients with a serious mental illness

The department established a 22-bed inpatient treatment program at the Patrick B. Harris Psychiatric Hospital in Anderson for hearing-impaired people with a serious mental illness. This program is staffed by mental health professionals who are fluent in American Sign Language.

A full range of services to make mental health services more accessible to deaf and hard-of-hearing residents of South Carolina are planned. Regional counselors for deaf and hard-of-hearing clients will be located in community mental health centers in Charleston, Columbia, Greenville and Florence. These counselors will provide direct services and will coordinate other mental health services through local agencies.

Community care homes for deaf people are also being developed in some communities. These homes will provide individual living skills instruction, counseling and other supportive services to residents.

I. South Carolina Supreme Court ruling

In March 1990, the department won a ruling from the South Carolina Supreme Court that clarified the role of a psychiatric hospital in the care of troubled children.

The state Supreme Court issued an opinion that said children must be discharged from DMH facilities when treatment or an evaluation is completed. This means children cannot be placed in a psychiatric hospital solely for "safekeeping."

J. Housing efforts and programs for the homeless

A joint state plan Task Force on Housing and Homeless was established in 1989. This task force developed and will monitor plans to develop supported housing and to serve those people who are homeless and have a serious mental illness.

Through coalitions of community mental health centers and nonprofit organizations, the department is working to develop housing statewide for people with a severe mental illness. This is a long-term effort aimed at assuring the availability of decent, safe affordable housing for people with a severe mental illness.

A statewide coordinator of homeless/housing programs was hired this fiscal year using state and federal funds. Each community mental health center is in the process of doing a housing needs assessment. In FY 90, four grants for housing were requested in Columbia, Spartanburg and Charleston. At least eight additional grant applications will be made in FY 91.

K. Fifth National Consumer Conference

The department co-sponsored the Fifth National Mental Health Consumer/Ex-Patient Conference in August, 1989. Nearly 1,200 consumers, former patients and mental health professionals representing 49 states, the U.S. Virigin Islands and Guam participated.

The goal of the five-day conference, "Alternatives '89 —Positively Visible," was to promote the mental health consumer self-help movement throughout the United States.

COMMISSIONER'S OFFICE GOALS FOR FY 90-91

The FY 90-91 goals of the state commissioner's office are based on the principle that DMH must use its organizational stability as the foundation for improvements in the quality of life for citizens who have a mental illness.

Major initiatives fall into four areas that directly affect the department's capacity to deliver quality care:

1. Transition activities designed to lead the department toward more community-based care
2. Special services for children, youth and their families

3. Education, training, recruitment and retention of qualified personnel
4. Description of major departmental programs and an evaluation of selected programs

Specifically:

I. Transition Activities
   A. Enhance patient care in facilities while steadily increasing community capacity.
   B. Improve coordination between hospitals and community services.
   C. Improve housing, employment and psychosocial supports for those with a serious mental illness.
   D. Initiate training and support activities designed to enhance the effectiveness of local community mental health centers and their boards.
   E. Continue efforts to refine the agency's mission, with special attention to studying alcohol and drug treatment policies. Special attention will be devoted to the problems of the mentally ill chemical abuser.

II. Services for Children, Youth and Their Families
   A. Seek additional funding to expand the Family Preservation Project.
   B. Increase interagency collaboration with commissioners from other agencies that serve children.
   C. Develop, refine and implement strategies for standardizing core services for children statewide.

III. Education, Training, Recruitment and Retention of Qualified Staff
   A. Support the work of the Public/Academic Consortium to work with colleges and universities to provide meaningful training in serving those with a serious mental illness.
   B. Expand community training opportunities for psychiatric residents through increased activity of the William S. Hall Psychiatric Institute/University of South Carolina School of Medicine and through affiliation with the Medical University of South Carolina.
   C. Implement a core clinical curriculum for all new staff and evaluate its effectiveness after one year.
   D. Give increased attention to staff development efforts that target chronic mentally ill populations, such as the Case Management Training Program.
   E. Evaluate the department's Quality Assurance Program, with particular emphasis on improving patient care and on improving the work environment for staff.

IV. The commission will be provided annually a description of major departmental programs with an evaluation of selected programs

AGENCY OUTCOME INDICATORS

The department's five-year plan, "Vision for the Future," written in 1987, established six goals or outcomes to be achieved by the close of fiscal year 1992. Here is a list of those goals with the department's performance to date:

GOAL 1

By FY 92, community mental health centers should screen 98 percent of all clients admitted to the department's inpatient facilities.

*FY 90 Performance*:

Community mental health centers screened 96 percent of all clients admitted to the department's inpatient facilities. The percentage of admissions screened by community mental health centers in 1987 was 77 percent.

GOAL 2

By FY 92, reduce the admission rate to 15/10, 000 population.

*FY 90 Performance*:

The admission rate was 21. 7/10, 000 population this fiscal year. In 1987, the admission rate was 20.1/10, 000 population.

GOAL 3

By FY 92, increase the community mental health centers' caseload of psychiatrically disabled adults by 50 percent to 12,684.

*FY 90 Performance*:

Community mental health centers increased their caseload of psychiatrically disabled adults to 14, 179. In 1987, the caseload was 8,500. Since 1987, the caseload has increased 67 percent.

GOAL 4

Increase the community caseload of seriously emotionally disturbed children. Estimates are that 3, 500 children are seriously emotionally disturbed and need services. In FY 89, 1,821 of these children were being served. This is the baseline used to measure the progress of this goal.

*FY 90 Performance*:

The caseload this fiscal year continued to increase. Reporting criteria and procedures will be addressed during FY 91 to increase reliability of data.

GOAL 5

By Fy 92, the intensive case management program should have a staff/client ratio of 1:20. Clients in need of intensive case management services are those with a serious mental illness who have been identified as high users of services and most in need of service.

*FY 90 Performance*:
Clients in need of intensive case management services have been identified as those with three or more hospital admissions in the last five years or who have had at least one, year-long admission to the hospital in the last five years. In FY 90, the department identified 3,896 people, by name, in need of these services. This fiscal year, 54 of the necessary 229 case managers needed to achieve the 1:20 ratio were available. Eight of the department's 17 mental health centers had intensive case management programs.

GOAL 6
By FY 92, reduce the average census rate for psychiatric hospitals to 3.7/10,000 population, or 1,300.
*FY 90 Performance*:
The average census rate for psychiatric hospitals was 4.1/10,000 population, or 1,420. In 1987, the rate was 5.7/10,000, or 2,000.

REVISED MAJOR AGENCY GOALS FOR 1991-1993

If sufficient funds are available to develop and expand required programs, the department should reach the FY 92 major goals established in the five-year state plan. What follows is an updated list of goals to cover fiscal years 1991-1993.

GOAL 1: Expand efforts on quality of care issues throughout the mental health system. Develop quantifiable goals in FY 91 in order to measure performance in future years.

GOAL 2: Continue governance and coordination efforts with community mental health center boards. Establish community mental health center program standards. Refine community mental health center resource allocation procedures and set mutual goals.

GOAL 3: Expand the emergency services program so that by FY 93, 98 percent of inpatient admissions will be screened by community mental health centers, an admission rate of 15/10,000 will be reached and the annual psychiatric census rate will be 3.7/10,000.

GOAL 4: Continue efforts to reach a staff/client ratio of 1:20 in the intensive case management program.

GOAL 5: Continue establishment of core children's services, with special emphasis on services for severely emotionally disturbed children.

GOAL 6: Expand the supported housing/homeless program in conjunction with intensive case management services. Increase the availability of supported housing by 20 percent for each of the next three fiscal years.

GOAL 7: Continue to expand staff training programs with emphasis on programs for community physicians and case managers.

GOAL 8: For FY 92 and FY 93, continue efforts to clarify the agency's mission, to educate legislators and the public, to advocate for funds, to reduce the non-mentally ill patient census, to manage finances efficiently and to upgrade the management information system.

GOAL 9: Develop and initiate employment opportunities for the mentally ill. By FY 93, each community mental health center should have a full-time employment specialist or job coach. The number of clients who obtain jobs should increase by 10 percent each year.

GOAL 10: Develop and expand services for minorities and people who live in rural areas. Also, develop and expand consultation and education services and increase consumer activities.

GOAL 11: Establish a process by FY 93 by which each community mental health center would include services to the elderly/long-term care populations.

**Division of Administrative Services**

Nutritional Services:

Nutritionists continue to evaluate and assess the nutritional needs of patients. In order to keep up with ever changing trends and needs, there is constant development and assessment of nutritionists' plans and goals. Counseling and education is a vital part of their overall work.

The first phase of utilizing the Computrition computer software has begun. Nutritionists are able to utilize the clinical package and diet changes are being made within the automated system.

The most visible change that has taken place is the appearance of the facility. All State Hospital dining rooms have been painted with bright, cheerful colors and coordinating drapes have been hung. Plants and pictures have been added to enhance the homey-like atmosphere. Several dining rooms have received new dish machines. The ceiling of the main kitchen has also been painted and walls thoroughly cleaned.

The Justice Department's follow-up survey was passed in June. This

called for a celebration. A picnic was held at Killian Lake for all who were involved. This was a tremendous success with approximately 600 employees attending.

Physical Plant Services:

Community Mental Health Services - physical plant services has consulted with community mental health centers' management personnel in the planning, design and development of new construction and renovations. This includes managing the newly completed addition/renovation at Santee-Wateree, as well as the proposed Berkeley County Mental Health Center, now in the final state of design.

Justice/DHEC - This major project consisted of meeting criteria set by DHEC and the Justice Department in the areas of fire/safety, enhancing energy efficiency and general painting and refurbishment at State Hospital. Physical plant was successful in completing this mass of work in an efficient, timely manner.

Maintenance - Physical plant services is constantly striving to increase efficiency in our maintenance services units. The creation of a preventive maintenance team who specialize in equipment maintenance and a maintenance carpentry unit for general repairs are two changes that have had significant impact on all area facilities.

**Division of Financial Services**

Fiscal year 89-90 was a very good year for the division of financial services. The best indication of the improvements made in this division, especially in the accounting section, was the completion of a clean financial audit for FY 88.

State Procurement also completed an audit of our procurement office. It was an excellent audit and resulted in a three-year certification with a minimum certification of $50,000.

Several new efforts have been started. Four of the most valuable include the following:

* The patients resources section implemented a Medicaid outreach program to assist families in establishing Medicaid eligibility for children and has been expanded to encompass children admitted to Bryan Hospital, in addition to Hall Institute.
* Computer services has established dial-up access to enable centers to have access to information on the mainframe computer.
* Computer services has developed several new on-line systems, including timekeeping and building square-footage.
* Finally, the Budget Control Section implemented a system to control the number of employees in the Department of Mental Health. This system assures that no employees are hired unless the agency is able to fund the position on a recurring basis.

## Division of Human Resource Services

Three significant events occurred during FY 89-90 which increased the effectiveness of the division of human resource services. They include:

* The National Institute of Mental Health (NIMH) approved a three-year multi-state grant for human resource development ($135,000 year one; $200,000 year two; $200,000 year three).
* NIMH approved a continuation grant for human resource planning for year one at $110,206.
* The department established a visiting scholar to assist in developing academic linkages with state colleges and universities.

Significant accomplishments of the staff development office included the following:

* regionalization of case management training for community mental health center employees and implementation of regional training sites using local instructors to promote autonomy in Greenville, Charleston, Florence and Columbia
* broadcast on June 20, 1990, of the first in a series of three nationally televised conferences for state mental health program directors — Originating from the ETV studios in Columbia, mental health commissioners discussed "Mental Health Services to Children and Adolescents."
* certification of 32 community mental health center staff members to train employees in their respective facilities on "The Prevention and Management of Aggressive Behavior"

Major goals for FY 90-91 include:

* continue case management training program to be offered to newly hired CMHS case managers
* develop a core clinical skills training program for newly hired staff whose academic preparation was not focused on working with the chronically mental ill
* implement a new departmental orientation program to better prepare hirees to understand and work within the SCDMH system
* initiate a training program for CMHS board members
* restructure the basic training program for mental health specialists by developing an academic linkage with Midlands Technical College
* collaborate with the Criminal Justice Academy to modify the basic curriculum given to new law enforcement recruits
* coordinate the broadcast of the remaining two national teleconferences for state mental health program directors in September and December of 1990 focusing on "The Empowered Consumer and Family Movement in Mental Health" and "Funding the State Mental Health System."

## Office of Communications

Office of Communications staff published and disseminated IMAGES, the department's bimonthly employee newsletter; "Commissioners Update," a monthly update on significant issues facing the department; "Newsline," a composite of statewide news articles distributed weekly to internal management; "DMH Weekly Bulletin," distributed to administration employees; the "Citizens' Panel on Mental Health Issues Final Report 1989"; "The Public Mental Health Hospital in a Community-Based System of Care," proceedings from a national conference held Feb. 12 - 14, 1989; the "Fact Sheet"; and 24 news releases.

A major accomplishment of this office was the designing of a new logo and stationary for the department.

Another major accomplishment was the creation of a bi-monthly newsletter, "FOCUS." This publication focuses on new programs and successful initiatives of the department, and is mailed to 2,500 South Carolinians who are interested in mental health issues.

The office coordinated the conducting of a statewide survey to determine public opinion towards mental illness, the department and the department's primary goals.

The office provided communications support and expertise in the department's efforts to promote the TLC - Toward Local Care, public awareness and participation campaign. Staff wrote articles, news releases and news briefs; designed a TLC logo, invitations, stickers, stationary, posters and banners; and, in cooperation with WIS-TV Channel 10 in Columbia, produced a television public service announcement promoting local TLC forums.

The office received national recognition for its quality work through eight national and eight regional awards presented by the National Association of Mental Health Information Officers.

Volunteer programs throughout the agency continue to increase. Total statistics for the 1989-1990 fiscal year are not yet available, but the number of individual volunteers and hours of service are expected to increase from the previous past year's record number of 10,017 volunteers and 128,729 hours. The total value of the volunteer program to this agency was also a record-setting $1,769,352.11.

Volunteers who provide direct services to patients tend to be in the majority, with support service volunteers and those who serve on committees and boards also increasing.

The program goals continue to follow those set in the five-year plan with adjustments reflecting the inclusion of the Transition Leadership Council goals as well. The organization of volunteer program advisory committees has become a very important part of hospital and center plans. These committees are functioning well at Bryan Psychiatric Hospital, S.C. State Hospital, Crafts Farrow State Hospital and Dowdy-Gardner Nursing

Care Center. The Columbia Area Mental Health Center will have one in place by fall 1990 and others are in the planning stages. These committees include volunteers, staff and community resource people and are seen as critical to building programs and ensuring community support as the department moves toward local care. However, the lack of full-time, trained volunteer coordinators in many of the centers may hinder this effort.

Four regional workshops are planned for FY 90-91 to train volunteers who are working directly with patients in hospitals, community mental health centers and residential care homes.

Needs assessment and volunteer satisfaction surveys have been designed and are being used for future program planning.

The office of communications' goals for FY 90-91 include:

* in cooperation with mental health advocacy groups, develop informational materials to educate the public about mental illness/health
* plan and host the National Association of Mental Health Information Officers annual meeting in September 1991
* develop and implement a public relations campaign to celebrate May Is Mental Health Month
* continue to improve the quality of writing, editing, layout and design of departmental publications

**Office of the General Counsel**

A significant accomplishment of the office of general counsel pertained to the resolution of a S.C. Supreme Court case involving the commitment of juveniles to department facilities.

The S.C. Supreme Court issued an opinion in a case in which the Department of Mental Health asked the court to determine whether the Family Court has authority to commit juveniles to the Department of Mental Health for "safekeeping."

The Supreme Court concluded that "absolutely no authorization is given for the detention of a child in DMH in the absence of the need for an examination or treatment." The court stated that when the treatment or evaluation has been completed, the child must be discharged from the DMH facility.

The office of general counsel, in conjunction with many other areas of the department, including the division of clinical services and the division of administrative services, concluded the litigation filed by the U.S. Justice Department against the State of South Carolina under the Civil Rights of Institutionalized Persons Act. (Although this technically concluded on July 1, 1990, the last visit of the consultants and attorneys occurred prior to the termination of the fiscal year.)

The office of general counsel also participated with the division of

clinical services to establish a program for deaf/mentally ill persons at Harris Hospital as a result of a complaint filed with the Office of Civil Rights, Department of Health and Human Services.

An important goal of the office of general counsel each year is to provide training on legal issues to personnel in the department's centers, inpatient facilities, and administrative divisions. Numerous seminars were held for all of these groups during the prior fiscal year and are planned for the next fiscal year.

**Office of Internal Audit**

With limited resources, the office of internal audit continued to assist members of management and the S.C. Mental Health Commission in the effective discharge of their responsibilities. To this end, the audit staff provided them with analyses, recommendations, counsel and information concerning activities reviewed.

Operational audit services were provided to the 17 community mental health centers as needed. Audits were provided for the accounting department, the payroll and timekeeping function, patients personal funds, and computer services. Audit services were also provided for the central warehouse, the five pharmacies and the four canteen operations.

As a result, numerous recommendations were implemented in order to strengthen internal accounting and administrative controls at the department.

Quarterly meetings continued to be held with the Commission audit committee to discuss and report significant findings and recommendations articulated in audit reports.

This form of reporting continued to be essential in maintaining and enhancing the independence of the audit function.

The office of internal audit was instrumental in developing an audit committee charter that identifies the oversight responsibilities of the audit committee for the agency's financial reporting.

During FY 89-90, significant progress was made towards the completion of this two-year audit plan.

Designated goals for next fiscal year will include program effectiveness audits and economy and efficiency reviews.

**Office of Public Safety**

The office of public safety continued to provide a variety of law enforcement, fire safety, and emergency preparedness duties and responsibilities for the department to ensure the protection and safety of the clients the department serves.

This past year the uniform division responded to 26,345 requests for assistance and traveled 290,364 miles to provide internal protection for facili-

ties and transports throughout the state.

The investigations section provided over 446 detailed reports of criminal activity and recovered over $15,000 in monies and property.

In-service education and training has continued to be our top objective for the last several years.

Public Safety staff continue to be involved in various training programs offered by the department and the S.C. Criminal Justice Academy.

**Office of Quality Assurance**

The office of quality assurance, with the complete support and involvement of the commissioner and the management team, has become a comprehensive, department-wide, continuous quality-improvement process. This process permeates all levels of clinical and management functioning with the dedicated goal of enhancing the quality of patient care.

The quality assurance process continuously scrutinizes adverse incident data and sets into motion corrective action and monitoring mechanisms to improve patient care and safety.

During the yea,r all nine inpatient facilities underwent a comprehensive quality assurance survey with each director submitting a corrective action plan to remedy identified concerns.

Equally as important, systems-wide problems that effect patient care were identified for corrective action by the management team.

Standards for an annual survey of all 17 community mental health centers were updated and expanded. This will facilitate a more comprehensive annual quality assurance survey of centers.

During the year the patient advocacy section was more closely integrated into quality assurance activities and utilized as an integral part of the annual survey team.

One goal for the coming year will be more active involvement of external advocates in the facility and center quality of care review board process.

The patient advocacy section has designated and trained 52 advocates to serve the nine inpatient facilities and 26 advocates to serve the 17 community mental health centers.

Patient rights in-service training has been conducted and a program on the ethics of medication refusal was jointly sponsored by the S.C. Protection and Advocacy for the Handicapped, Inc., the Governor's Ombudsman Office and QA/Patient Advocacy.

## DIVISION OF CLINICAL SERVICES

### Services for Children, Adolescents and Their Families

The following were major accomplishments of the Services for Children, Adolescents and Their Families during FY 89-90:

* began three new family preservation projects in Chester, Anderson and Richland counties and successfully moved a fourth project from Berkeley to Dorchester County
* submitted a grant proposal for Florence project in response to a request for proposals by the Department of Youth Services
* secured state funding through the General Assembly for the Greenville project, replacing National Institute of Mental Health funds
* initiated a contract with Human Service Associates for 10 therapeutic foster care beds -- five beds will be located in the Midlands and five beds in the Pee Dee area
* expanded the array of crisis intervention options through contracts in the Piedmont, Midlands and Lowcountry regions, through which we reduced admissions for child and adolescent inpatient programs
* held the fourth annual child and adolescent conference
* renamed the division to reflect the emphasis on ongoing family involvement adopted by the department
* shared purchases of clinical services, served more children in a multi-agency manner, with a larger percentage being served in-state
* submitted the following federal grant proposals: a) office of human development for family re-unification services, in concert with the Department of Social Services; b) statewide CASSP grant targeting the development of parent and advocacy groups and specialized training for child and adolescent mental health professionals, in concert with the University of S.C. School of Social Work; c) a continuation CASSP grant targeting Greenville County allowed for the provision of services within schools and public housing developments; and d) research grant on the defusing of family preservation services targeting adjudicated youth in rural counties
* secured funding for a second year of an adoption grant targeting Charleston County, in concert with DSS

Goals for FY 90-91 include the following:

* solidify the current family preservation effort and expand services
* move the contractual human service associates beds management responsibilities from the central office to Hall Institute and a community mental health center
* continue, in concert with sister agencies, to reduce the number of young people being served out of state
* develop, in concert with community mental health centers, the

department's personnel office and the office of human resource development, a plan to recruit mental health professionals trained to serve children and adolescents.

**Services for Developmental Disabilities**

The Department of Mental Health and the Department of Mental Retardation have been in the process of transferring individuals with mental retardation who are in the mental health hospitals to the mental retardation system of care. The agencies set and met a goal of transferring 58 clients. Approximately 100 clients remain to be transferred over the next two years.

In addition, the two agencies have been examining ways to work together more collaboratively to serve individuals who have mental retardation and a major mental illness.

An inpatient unit for deaf individuals who have a major mental illness was established at Harris Hospital this year. The department has been actively recruiting clinically trained professionals fluent in American Sign Language to staff the unit and to develop four community based regional programs for the deaf in South Carolina.

**Services for Elderly/Long-Term Care**

The Services for Elderly/Long-Term Care office has successfully increased the amount of coordination among department facilities serving elderly clients. Additionally, regular orientation/training sessions are now occurring for mental health center geriatric specialists.

The state plan now reflects DMH program integration as well as projective statistics for future needs. A survey was conducted summarizing each center's programming for elderly and the number of supportive geriatric specialists. Finally, the department has increased the number of cooperative projects with the Commission on Aging and other state agencies.

Goals for this division include improving the number and training of geriatric specialists to raise frequency and quality of service. There is also an intense need to increase the number of supportive groups for clients and care-givers for respite and home-bound care.

Another goal is to support budget requests for outreach teams in mental health centers to achieve the concept of "Toward Local Care." The final goal is to encourage each center to include elderly service planning in their state plan process.

**Office of Community Mental Health Services**

During FY 90, the Office of Community Mental Health Services focused on clarifying management responsibilities with the 17 community centers.

Each center was invited to submit proposals for developing innovative

management relationships and modifying administrative policy and procedures. Six centers responded. The proposals are being evaluated to determine which ones might become three-year pilots beginning in FY 91.

In addition, efforts were made toward streamlining personnel, financial and procurement processes, as well as identifying future funding needs jointly with community mental health centers.

An annual cost analysis of center services was completed in March 1990. This cost analysis will be done each year. Additional policy and procedure changes have been proposed and are being evaluated.

A comprehensive resource survey of the 17 community mental health centers, along with other information, showed that an additional $60 million is needed to complete the agency's transition to local care.

Efforts continued this fiscal year to provide appropriate training for community mental health center boards. Proposals are being solicited for developing and conducting such training during FY 91.

Also, several centers designated Medicaid entitlement specialists to help existing clients become eligible for Medicaid reimbursement. This effort will be expanded to other centers during FY 91.

**Aiken-Barnwell Mental Health Center**
(Aiken and Barnwell counties)

The Aiken-Barnwell Mental Health Center began FY 89-90 with the goal of trying to maintain the same level of services as it had in the previous year, but attempting to do so with seven fewer staff.

As a result of staff increasing their work loads over and above the heavy load of the previous year, staff almost reached this goal. Though there were 9 percent fewer staff, there were only 5 percent fewer admissions to the center and only 2 percent fewer patient contacts than in the previous year. However, there were 4 percent more clients served each month than in the previous year.

Also, staff were more effective this year in directing clients into local treatment resources, having the second lowest admission ratio to the central state hospitals among the state's community mental health centers. It was the fourth lowest the previous year.

| | FY 88 | FY 89 | FY 90 |
|---|---|---|---|
| A. Units of Service: | | | |
| Admissions to ABMHC | 2,058 | 2,024 | 1,911 |
| Unduplicated clients monthly | 805 | 789 | 817 |
| Patient contacts | 83,498 | 48,685 * | 47,730 |
| B. Admissions to state psychiatric hospitals per 100,000 population | 118.1 | 142.3 | 119.9 ** |
| C. Number of staff | 78 | 76 | 69 |

( *reflects program change) (**through May 1990)

The center's efforts to increase compliance with Medicaid regulations were very fruitful, due to improved internal controls, training, and monitoring activities.

As a result of these efforts, a recent audit of its FY 88 records by the Health and Human Services Finance Commission resulted in apayback of only $269 as compared to the $112,836 payback last year from the audit of its FY 87 records. To avoid any gradual slippage in these efforts, the center hopes to hire its own internal quality assurance officer in FY 90-91.

The center's resources continue to be directed primarily to serving the psychiatrically disabled clients, with expenditures per program being approximately the same as last year: community support program 60 percent, emergency services 17 percent, adult outpatient services 11 percent, children's services 10 percent, and consultation and education services 2 percent.

Based on recommendations from mental health advocacy groups as to the necessity of improving its psychosocial clubhouse programs for the psychiatrically disabled, the center is currently obtaining consultation and training from more successful programs in the state.

In early FY 90-91, the center hopes to have developed a new program plan which will be more beneficial to the clients in those programs.

After two years of searching for larger quarters, the living skills program for psychiatrically disabled clients in Barnwell was finally able to acquire a large centrally located facility close to downtown Barnwell. Not only will this permit a greater variety of programming for those clients, but will also accommodate more of those who presently are unable to participate.

Improvements in recent years in the financial management program of the center continues to reap benefits.

For FY 89, the center had the second lowest cost among the state's community mental health centers per billable unit of service and per contact, and the third lowest cost per clinical staff hour.

Also, preliminary estimates of FY 90 revenues and expenditures indicate that the center will have ended the year without a deficit, if there is included in the center's revenues the amount to be reimbursed by the department for its revised community residential care facility contracts. This was achieved by the center's closely monitoring itself and avoiding all unnecessary expenditures.

Goals for FY 90-91 are:

* maintain current levels of service
* avoid a year-end deficit
* implement regular monthly inservice training for each program area
* reduce current long waiting lists for child and adult outpatient services by increasing number of clinical staff as funding may permit
* implement a more effective psycho-social clubhouse program
* develop a job-training program for psychiatrically disabled clients.

**Anderson-Oconee-Pickens Mental Health Center**
(Anderson, Oconee and Pickens counties)

During FY 89-90, the Anderson-Oconee-Pickens Mental Health Center met many of its goals by improving and expanding its services for the chronically mentally ill and their families and for children and adolescents.

In September 1989, the Oconee Mental Health Clinic more than doubled its size when it moved into a newly constructed building adjacent to the Oconee County Hospital. Additional activity groups for the chronically mentally ill and an education and support group for families of these patients have subsequently been formed there. A third full-time psychiatrist was also added to the center's staff this year, primarily to serve the Oconee clinic.

A newly designed program for the chronically mentally ill was begun in early 1990 at the Village Community Care complex in Anderson. This program, which serves up to 40 clients, replaces a less structured one that was already in place there.

The present program requires clients who have come from institutional care to participate for five hours each weekday in various activities that teach them new living skills and allow them to make daily choices to move toward greater independence. It is staffed by a team of five therapeutic assistants and a supervising nurse, all of whom have been hired and trained this year specifically to work in the program.

In Pickens County, a new psychosocial clubhouse has been started for the chronically mentally ill. A third full-time child and adolescent counselor has also been added to the staff of the Pickens Clinic, allowing for more treatment groups and prevention efforts to take place for children and their families in this county.

Child and adolescent services have been expanded this year in all three counties. Therapy groups for troubled children led by child and adolescent services therapists have been formed and are meeting weekly in some of the area elementary, middle and high schools. Child and adolescent services staff have also worked with school personnel to help them better identify those children in need of mental health services.

The center also participated in a regional crisis stabilization grant program for children and adolescents. During this fiscal year the center has used $63,710 of these funds to send 17 children in crisis to either the Anderson Youth Treatment Center for 30 days of residential care or to Marshall I. Pickens Psychiatric Hospital for a 10-day intensive inpatient stay.

Early in 1990, Anderson-Oconee-Pickens Mental Health Center began a Family Preservation Project in Anderson County.

It provides intensive in-home therapy for approximately eight weeks for children and their families who are in a crisis such that the child is likely to be removed from the home. Three new full-time staff have been hired to work in this program, allowing for five families to be served at a time.

Another goal for this year was to increase staff development opportunities for center employees. In addition to our regular quarterly training meetings for all staff, clinical staff at each clinic and in the Anderson center are meeting at least once a month for regular clinical training.

Mini-series (one and a half hour weekly sessions for six to 10 weeks) on such topics as group dynamics, psychotropic medications and assessment issues are also being offered at the center for clinical staff from the three counties.

A formalized orientation program for all new employees has been developed and implemented this year as well.

Looking to FY 90-91, the center has identified these major goals:

* finish the center brochure and make it available for distribution
* add at least one more intensive case manager to the staff
* hire a child and adolescent psychiatrist
* identify the center's elderly Community Support Program clients and structure activity groups geared to their special needs
* provide in-service training for staff on treatment issues for the elderly mentally ill population
* negotiate with hospitals and physicians in Pickens County to provide after hours medical screening for hospitalization within the county, rather than having to transport clients to Anderson for screening
* open a psychosocial clubhouse in Oconee county
* establish pharmacy services for center clients
* continue efforts to establish an interagency sexual abuse treatment program in Pickens County similar to ones that serve Anderson and Oconee counties
* expand efforts to rehabilitate chronically mentally ill clients by continuing to strengthen the center's relationship with S. C. Vocational Rehabilitation, and by offering clients additional supportive employment programs.

**Beckman Mental Health Center**
(Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry and Saluda counties)

Major accomplishments of Beckman Mental Health Center during FY 89-90 reflect continuation of on-going community mental health efforts. Throughout this time, 279,301 units of service were delivered through 37,738 contacts.

In August 1989, the Beckman Center board of directors hosted its first invitational barbecue for local political leaders. City and county governments, along with legislative delegations, were represented in an opportunity for mutual exchange of information.

One major therapeutic goal involved the expansion of case management services to all catchment area counties. With the addition of three

new positions, all counties are now covered by this service.

The Laurens program was expanded by the acquisition of a location for living skills. This freed up needed clinic space and also allowed space for living skills growth of approximately 60 percent.

The Abbeville Satellite Clinic moved to a more permanent location.

In May 1990, Greenwood hosted its first mental health forum, which was considered a very positive beginning to the forum efforts of the coming year. During the luncheon format, community leaders voiced concerns and strategies.

A primary focus for therapeutic expansion involves services to children and adolescents, especially those with serious emotional disturbances. During FY 89-90, Beckman contracted for crisis stabilization beds for this age group through Anderson Youth Treatment Home and through Marshall Pickens Hospital. Beckman also recruited a master's level child and adolescent therapist located in Newberry. This therapist provides consultation throughout the Beckman system on issues involving youth. In addition, contract services are now available two days per month from a child psychiatrist. Efforts continue to recruit a full-time doctorate level clinician to specialize in child and adolescent treatment.

The securing of funding to open a full-time, permanent mental health clinic in McCormick County completes the satellite system for Beckman. This clinic will be staffed and operational during FY 90-91.

Efforts to expand local support increased during FY 89-90. The Self Foundation and local mental health associations assisted greatly in meeting local needs.

Goals for FY 90-91 include:

* continue many of the efforts begun last year
* recruit and fill existing positions created either by vacancy or by new funding — chief among those continues to be an alcohol and drug specialist and a child psychologist
* develop living skills programs to serve Abbeville, Saluda, and Edge field. A second living skills site is being sought for Greenwood.
* continue Beckman's computerization efforts during FY 90-91 to advance management information capabilities in the areas of personnel, finance, administration, and quality assurance
* establish and expand children's services (a key priority)
* expand the use of video technology. The FY 89-90 acquisition of a video camera and additional VCR's completes Beckman's accessibility to video resources. This expands staff development and train ing opportunities as well as community resources. Development of a law enforcement training video remains a goal.
* provide additional training with other emergency personnel
* continue to hold community mental health forums in our catchment area counties, with varying formats depending upon the uniqueness of the location.

**Berkeley County Mental Health Center**
(Berkeley County)

During FY 89-90, the Berkeley County Mental Health Center continued to provide comprehensive services for adults, senior adults, and children and youth. The center's focus was on strengthening programs already in place to meet the needs of the catchment area.

An assessment/outreach service unit was established to provide immediate and uniform response to requests for services and referrals from the community, to screen psychiatric and alcohol and drug emergencies, and to conduct comprehensive assessment of treatment needs.

The relationship with Trident Regional Medical Center to screen emergencies after hours using joint staff resources continued to be effective for both facilities. Staff focused on utilizing various local and center resources for crisis management dispositions, keeping admission rates to Department of Mental Health facilities among the lowest in the state.

Toward the enhancement of services for the psychiatrically disabled, the center began participation in the managed care program of intensive case management. Staff attended case management training sponsored by the department to broaden skills in the area of addressing multiple and complex needs of this population in the community.

Two group living skills programs -- one for psychiatrically disabled, one for dually diagnosed mentally ill/alcohol and drug -- continued to offer services oriented toward maximizing patients' levels of independence in their home and work environments.

Patient and family education programs were provided to teach the symptoms of mental illness, medication actions and reactions and the characteristics of a healthy lifestyle. A chapter of the Alliance for the Mentally Ill was organized.

As staff time allowed, comprehensive care and treatment included home visits, assistance with employment opportunities, and housing resources. With the rapid increase in the population of the catchment area and the increased demand for services, there is a need for these programs to be well-defined and adequately funded.

There has been an increase in the request for services for individuals who have a diagnosis of major depression and who are experiencing difficulty with relationships and in other areas of their lives. Although these clients are not diagnosed as having a chronic mental illness, they have required frequent crisis intervention, medication management and hospitalizations.

There has also been an increase in the number of individuals who need emergency evaluation and treatment for drug and alcohol abuse. This has been complicated because outpatient and inpatient resources are not available to treat these persons and their families.

Children's services refined the structured sexual abuse treatment

program and eclectic treatment program to maximize staff resources while addressing increased demand for services. Discussions with other care providers and agencies around education and inter-agency coordination fostered efficient working relationships.

The administrative/support services unit was expanded and reorganized with defined areas of responsibility to include procurement and transportation; personnel, budget and finance; billing department and data entry. Implementation of the Wang computer system began with training of administrative staff and input of management information systems data.

The Hugo outreach support team was in place in the county to respond to hurricane-related needs of the community at large as well as center patients. A major concern is the long-range impact of this disaster on the residents of the area and their need for treatment. The increased demand for services has resulted in greater expectations of staff who have had difficulty managing current case loads and who themselves are victims of Hurricane Hugo.

Overall, emphasis was placed on identifying, developing, and maximizing staff resources within and among service units. The philosophy of accessing resources across the center to address patient's needs resulted in a strong coordinated team approach to treatment.

The following major goals have been set for FY 90-91:

* complete construction of center building
* train all administrative staff to use computers
* develop policies and improve operations to enhance revenue collections from Medicaid, Medicare, and other funding sources
* support the development of a parent's support group and a Berkeley County Chapter of the Alliance for the Mentally Ill
* develop a program which addresses the pre-vocational and vocational needs/concerns of our clients
* increase outreach services to encourage compliance with treatment recommendations
* employ additional staff to provide services to children, adolescents, and families.

**Catawba Mental Health Center**
(Chester, Lancaster and York counties)

The Catawba Mental Health Center goals for FY 89-90 continued to address the at-risk populations identified by the department -- chronic mentally ill, children and adolescents and elderly.

These goals and progress toward meeting these goals are as follows:

* continue developing the framework for transition to and development of intensive case management programs and teams. With the receipt of funding assistance from the Robert Wood

Johnson Foundation, the center secured one staff position for a managed mental health care program for 20 clients. This program was set up on an intensive case management model.

* evaluate the management and staffing needs of the center's child and adolescent service to assure prompt and appropriate treatment of identified clients and new referrals throughout the three-county area. The center developed a supervisory position for the child and adolescent program in Rock Hill and successfully filled that position. In addition, with the hiring of a full complement of staff at the Pentis Center, the waiting list was eliminated.

Funding was received for a Family Preservation Project in Chester County. The project has been staffed and it is accepting referrals of children and families.

The center developed and filled a contract with the York County Boy's Home and the York County Girl's Home for crisis placement beds. This arrangement provides an alternative placement resource for adolescents who are experiencing mental health problems requiring a supported environment, but not necessarily hospitalization.

* develop specific plans for addressing the housing needs of the psychiatrically disabled. The center conducted an area-wide housing needs assessment to gain additional data concerning the availability of housing for the mentally ill as well as the quality of existing housing situations. Also, a committee comprised of center staff and representatives of the Mental Health Association and the Alliance for the Mentally Ill was developed. This committee interviewed two housing consultants as part of the initial steps leading to submission of a housing grant application.
* continue developing local mental health services for the psychiatrically disabled, with an emphasis on alternatives to hospitalization in state facilities and the special needs of the elderly. A contract was developed for the provision of an intensive group activity experience for residents of a local community care home. Also, in cooperation with York Technical College, a training series was conducted for staff members of boarding homes and nursing homes in the area.
* to promptly familiarize all center personnel with the new computer system to the extent necessary to maximize revenues in each center program and improve communication of center needs to available funding sources. The center finalized the conversion of its billing and data collection processes to the computer system. This resulted in more timely billing procedures and a wider array of financial and management reports.
* advocate through the state and other appropriate channels for more adequate compensation for state mental health employees. Funding was secured for cost-of-living and merit increases. In

addition, several categories of staff members received pay grade increases. The center has submitted a request that payment for emergency services coverage be increased.

Finally, along with many other areas in the state, residents of the Catawba area were affected by Hurricane Hugo. To assist residents in the recovery process, the center received funding for a mental health professional position. This professional has provided outreach and advocacy services to those who have needed a variety of community resources to help them recover from an emotional as well as economic standpoint.

The goals for FY 90-91 are as follows:

* Continue developing comprehensive local mental health services for the psychiatrically disabled, with an emphasis on local alternatives to hospitalization in state facilities
* Develop and define plans for the expansion of child and adolescent services to provide a full range of treatment options for this client population
* Conduct educational and advocacy programs in our communities to establish support for the phasing out of central state institutional services and the development of a community based system of mental health services
* Coordinate efforts with other community agencies and organizations to address the housing and employment needs of the psychiatrically disabled
* Establish a uniform philosophy for psychosocial clubhouse operations.
* In cooperation with the Department of Mental Health and other community mental health centers, explore governance and administrative options that foster greater local control of and responsibility for mental health center operations
* Define and specify the space needs of the main center office
* Coordinate efforts with other community agencies and organizations to address treatment needs of crisis patients not identified as chronically mentally ill.

**Charleston Area Mental Health Center**
(Charleston and Dorchester counties)

The major event affecting the center in FY 89-90 was Hurricane Hugo, which rendered unusable seven of the center's nine office sites and destroyed equipment, records, and vehicles. Programs and staff had to be realigned to accommodate the losses. Over seven months passed before all programs were re-established.

Center staff suffered personal losses averaging $16,000 per family, so that adjustments were required to cope with major stresses both at work and at home. Several staff persons lost all their belongings.

Immediately following the hurricane, the center focused its treatment efforts on its most unstable chronically mentally ill clients.

A parallel effort provided supportive services to hurricane victims — that is, the entire community. The center served as a base for teams of counselors from unaffected areas who provided counseling and medical and supportive services and supplies throughout the area. These efforts continue to the present.

The center continued the second year of its community support program federal grant for clients with a chronic mental illness. An array of programs included services for the homeless, services for those in jail, vocational services, hospital liaison services, decreased caseloads for casemanagers, entitlement services, enhanced programs for dually-diagnosed clients (chronically mentally ill clients with substance abuse), day treatment services, programs for rural clients, services for chronically mentally ill clients who are also hearing-impaired, etc. The third and final year of the grant starts in October 1990.

The center further increased its collaborative programs with the Department of Psychiatry and Behavioral Sciences of the Medical University of South Carolina. Examples of such programs include a joint emergency psychiatry service, a joint inpatient unit, field placement of psychiatric residents and psychology interns in center programs, joint research and continuing education projects, hiring of faculty clinicians to provide services in the center, etc.

Other program additions included a family preservation service for Dorchester County, an enhanced supportive/structured therapy program as a joint project with the Mental Health Association, and a second day treatment program.

The center made significant strides in its major performance goals. The center led the state in reducing its rate of psychiatric admissions to DMH inpatient facilities. While the 17 centers in the state averaged a 4.9 percent increase, the Charleston center reduced its admission rate by 15.1 percent.

The reductions are due to a number of factors including increased outreach, increased emergency services, tighter screening of potential admissions, enhanced focus on recidivistic patients, and increased number of staff permitting closer monitoring of patients. The center also dramatically increased its Medicaid revenue, up 71.9 percent over the previous fiscal year.

Personnel issues continued to be a major focus of the center's efforts. A medical director was hired and significant efforts put into reorganizing psychiatric coverage throughout the center's programs. The center experienced the resignations of several program directors. The position of director of the child-adolescent services remained vacant for the fourth year despite intensive recruitment efforts. Recruiting nurses continued to be quite difficult.

The center's two programs for assertive community treatment for the chronically mentally ill continued adding patients on schedule. These demonstration projects have reduced hospital use over 90 percent over a five-year pre-program baseline.

The center's budget for FY 89-90 was $5,615,638 and there were 110 employees as of June 1990.

Goals for FY 90-91 include:

* establish a new day treatment program in Dorchester County
* increase productivity of clinical staff
* developa structured board training program
* establish a structured supervision and continuing education training program
* develop alternatives to hospitalization
* establish a residential facility for hearing impaired clients who have a chronic mental illness
* enhance computer operations for the accounting department
* create a capital development plan for addressing the center's severe physical space problems.

**Coastal Empire Mental Health Center**
(Allendale, Beaufort, Colleton, Jasper and Hampton counties)

This past year the Coastal Empire Mental Health Center continued to put emphasis on providing and improving services for individuals who are chronically mentally ill and seriously emotionally disturbed children and adolescents.

The center's goals for FY 89-90 reflected those priorities for service:

* target the rate of admission to central state inpatient mental health facilities not to exceed 125 per 100,000 population per fiscal year
* increase the active caseload of psychiatrically disabled clients enrolled in community support programs by 12.5 percent over the verified 1987 base year date, through deinstitutionalizing or intensive outreach
* support the development of support groups for the mentally ill in our area in association with the S.C. Alliance for the Mentally Ill (SCAMI).
* provide outpatient treatment in a more timely and efficient manner
* improve service delivery to clients with a dual diagnosis by developing specialized programs
* improve the mechanism for enhancing revenue collections from Medicaid, Medicare, and client fees
* continue to improve, maintain and expand the center's physical facilities.

Major accomplishments for FY 89-90 include:

* maintained an admission rate of 120.1 per 100,000, resulting in ranking second in the state compared to other mental health centers. This

reflects the effort of staff to provide care locally, decreasing as much as possible dependency upon central state facilities.

* continued to improve and expand the physical facilities, with the Hampton office having obtained a new and improved building for the clinic operation. This has provided space for the expansion of the living skills programs in the old site. The Colleton County living skills program obtained and leased a new building for that program. The moving of this program site will provide increased space for the Colleton County regular clinic operation.
* Beaufort living skills program (Riverview) continued to thrive under the direction of a new on-site manager, including a new separate unit on hygiene and how to buy, wear and care for clothing.
*In order to support the development of support groups for the mentally ill in our area, the center hosted a training session for staff and client family members titled "Therapeutic Alliance: Patients, Professionals and Families Planning Together." This was a joint effort with the S.C. Alliance for the Mentally Ill and DMH. As a result of this training, attended by approximately 40 staff and family, a local chapter of SCAMI has been established in Beaufort County and meets one evening per month at the CEMHC Administrative Office.
* To improve the clinical staff's treatment skills, the center established an on-going clinical supervision program for all new staff and other interested staff. In addition, the center provided training that was approved for DMH continuing education unit credits. Separate training was conducted on addictions and legal issues.
* The center was able to negotiate an agreement this year with the Beaufort County School District to provide funding for a new child and adolescent services position for the Beaufort office. This position will provide services for high-risk youth in the school setting.

Major goals for FY 90-91 include:

* target the rate of admissions to central state inpatient mental health facilities not to exceed 125 per 100,000 population per fiscal year
* implement a patient/family education program al Riverview
* increase services to children and adolescents with a new position at the Beaufort office to exclusively provide in-school counseling to at-risk adolescents in all the Beaufort County secondary schools
* make outpatient services for clients more time-limited in order to free more staff to work with high-risk populations by establishing treatment groups for special groups of priority/non-chronic clients
* continue to improve, maintain, and expand the physical facilities
* continue to increase administrative staff productivity through the use of microcomputer based technology
* increase the quality assurance coordinator position to 80 percent time in order to provide for improved quality control and compliance with Medicaid regulations.

**Columbia Area Mental Health Center**
(Richland and Fairfield counties)

FY 89-90 was another year of growth for the Columbia Area Mental Health Center. The center added staff and programs to treat serious mental illness in Richland and Fairfield counties.

The center, under a federal grant, implemented a full year of outreach and case management services to homeless psychiatrically disabled adults. The program screened nearly 2,000 homeless individuals for mental illness. Seventy-four of the most disabled were admitted to treatment in this program. More than 50 percent of these individuals had not received center psychiatric services for their chronic mental illnesses before.

The center merged with the S.C. Psychosocial Rehabilitation Center. These programs have increased their service delivery and are undergoing further refinement to extend intensive, home-based, clubhouse and residential services to chronic mentally ill adults in the Columbia area.

The center provided significant outreach and emergency psychiatric support to communities struck by Hurricane Hugo. Fourteen center staff delivered over 800 hours of crisis counseling and case management services to low country residents suffering from the storm.

The center's program for individuals with mental illness and substance abuse continued to provide intensive services to this needy population. Clients routinely spend an initial six-month stabilization and orientation period in this program. In the subsequent six-month period, clients spent 75 percent fewer days in state psychiatric inpatient facilities.

The center enhanced its services to children and adolescents during the year. FY 89-90 was the first full year of operation of the center's crisis stabilization program for children and adolescents. Over the year, the program achieved a 54 percent reduction in state psychiatric inpatient facilities admissions. The child and adolescent unit also planned its family preservation project. By the end of August 1990, this program will begin to provide intensive, home-based services to 12 and 13 year olds who are at risk for incarceration or hospitalization.

Goals for FY 90-91 include:

* enhance service delivery in Fairfield County by opening a new clinic
* coordinate with the department to repair the center for independent living apartments to allow full occupancy
* sponsor and support housing options for the psychiatrically disabled
* prevent incarceration and hospitalization of children through implementation of the family preservation program
* expand intensive case management services to the elderly and young adult populations through the addition of staff
* plan and build a community residential care facility to be owned and operated by the center as a new residential and service site for former long-term patients from S.C. State Hospital

* increase the availability of psychosocial rehabilitation services through expansion of staff and new facilities
* support clients in the community by assisting them in procuring social security and disability benefits
* establish a formal program evaluation component within the center to ensure maximum program integrity
* facilitate employment opportunities for chronic mentally ill clients by hiring a full-time employment coordinator.

**Greenville Mental Health Center**
(North Greenville County)

The first major occurrence for the center was disaster preparedness response. Fortunately our catchment area escaped the destruction of Hurricane Hugo, but our staff felt its impact. Eighteen center staff participated in the disaster relief response with 102.5 days of service to affected areas across the state, while other staff maintained and covered services at home.

During this year, emergency admissions have continued to increase for the county with a significant shift in the source of admissions from 25 percent to 49 percent originating through the local emergency room. Negotiations have been initiated on a new contract with the local hospital system for hiring an after-hours counselor to assist in screening and in incorporating orientation and liaison meetings on an ongoing basis to review admissions and seek alternative options to hospitalization. Additionally, problems were encountered with the emergency stabilization contract for local hospitalization due to a decreased quality of care for clients placed. The contract was not renewed, eliminating any viable option for local indigent care.

Special funding became available to the region to provide crisis stabilization services for children and adolescents. Problems in developing contracts with local facilities resulted in a late start for the services. The center was able to utilize funds for only four adolescents for the year, but anticipates a significant increase in utilization for the coming year.

Additionally, under services for children and adolescents, the Project Adventure ropes course was expanded this year with the addition of three new events, increasing the degree of difficulty required for achievement. This program continues to be very successful for youth with severe behavioral problems. Staff also provide this service to community agencies, creating revenues for upkeep and expansion of the course.

A number of changes occurred in the center's community support program. Changes under the department's annual contract with Medicaid resulted in the termination of basic living skills services to clients residing in April Valley Community Care Home and a significant loss of revenue for the center. Structured supportive therapy is now provided to the resi-

dents at another site. Two structured supportive therapy groups were also moved from another community care home which increased transportation demands. The center secured additional office space at the University Ridge location to house the structured intensive care program, enabling more flexibility in program content and activities. This service is a part of the community support program focusing on chronic mentally ill and acutely disturbed patients being discharged from a hospital or as an alternative to hospitalization.

The center's homeless project expanded services with provision of food, clothing and shelter to homeless clients. Temporary shelter was provided using a low budget motel and crisis beds at a local community care home. The center was successful in leasing a boarding house that will be used to house homeless mentally ill males for three to six months. The goal for participants in this program will be to establish independent living arrangements and secure entitlements or employment adequate to maintain independent living. Individual living skills will be provided to participants on site. Clients may also benefit from supportive employment services offered through the center's community support program. A full-time vocational rehabilitation counselor's office has been set up in the center increasing the accessibility and coordination of services.

Fiscal management continues to be a high priority. Maximum utilization of computer services has enabled the center to develop a sophisticated reporting system for management and board use. Again, the center has managed to stay within its budget and maintain quality services.

Goals for FY 90-91 are:

* expand family education services within the community support program
* expand specialized services to clients with substance abuse and a major mental illness
* develop local hospitalization options which provide quality care
* to impact on the increasing admissions to State facilities through the local emergency room
* reorganize center-wide emergency services for increased coordination and effectiveness
* increase board participation in efforts to increase local funding
* update the center brochure.

**Lexington County Mental Health Center**
(Lexington County)

A major accomoplishment during FY 89-90 was the effort staff and board members made to arrange for after-hours emergency services at the local county hospital emergency room. The hospital has always been opposed to such a proposal in the past, which necessitated the center to contract with Hall Institute for after-hours services. Together with letters of

support from other community health agencies, board members solicited the assistance from their county delegation and county council. Ultimately, the center board met with the entire hospital board in order to achieve a resolution. Thus far, after many meetings and much printed material, there is still no indication of the hospital's desire to cooperate with the center for local after-hours services.

In early fall, several staff members were involved in key roles in community related projects. A great deal of time was spent in assisting the first national consumer conference in Columbia. Time was given to providing emergency coverage, transportation, registration, etc.

Also, after Hurricane Hugo struck, many staff participated in the department's recovery operations. A total of 17 staff performed 800 hours of relief services in the affected areas.

During the year the Alliance for the Mentally Ill sponsored a family education workshop at the center for both staff and family members. The event also marked the beginning of a local alliance chapter. In addition, an alliance member was appointed to the center board for the first time. It is hoped that the alliance will become a more forceful advocate for the mentally ill in Lexington County.

In order to implement the goals of the Transition Leadership Council, the center sponsored a public forum in May. Those in attendance were able to react to the plan to provide more community based services. There was considerable representation at the meeting by members of the Association for the Deaf. They were able to give their input into the planning process as to the special needs of the deaf who are mentally ill. The outcome of the forum was distributed to the participants.

Austerity was the prevailing mood during the year because of the previous year's budget deficit.

One of the center's major goals was cost containment. Various actions were taken to reduce expenses without seriously affecting the delivery of services. Consolidation of space was accomplished by closing two offices and moving adult and emergency services into the new children and adolescent building. Staff travel money and per diem for board members were discontinued. All operating expenses were closely monitored so that only essential items were purchased. Perhaps the most dramatic measures taken to reduce the deficit occurred in November, when there was a reduction-in-force of seven staff members. As a result of all the cost-saving steps taken, the center reduced the deficit considerably.

Goals for FY 90-91 include the following:

* continue efforts to secure after-hours emergency services at the local hospital emergency room
* secure a more adequate facility for the group living skills program
* develop a proposal to acquire more affordable housing for clients
* provide adequate support services for clients living in residential

care facilities
* increase the temporary employment opportunities for center clients
* assure that all Medicaid eligible clients receive entitlement support
* continue to improve the effective screening of alcohol and drug-related emergencies
* pursue local alternative means to hospitalization for center clients.

**Orangeburg Area Mental Health Center**
(Bamberg, Orangeburg and Calhoun counties)

The Orangeburg Area Mental Health Center continues to strive to serve the chronically mentally ill, the emotionally disturbed and the behaviorally disordered individuals within this catchment area. The priorities are to reduce the disability caused by mental illness and to improve the client's quality of life by providing a comprehensive and integrated array of services that are rehabilitative and supportive. In keeping with this mission the following programs were instituted and upgraded:

Managed Care Program - This program was developed and implemented in January 1990. A mental health professional was hired to coordinate the program and to provide intensive case management services. To date, the 20 clients selected for this program have been seen weekly by the case manager to determine total needs of each client. Of the 20 cases all have remained in remission and functioning on a high level.

Children and Adolescent Services - This unit continues to be a priority. Exhaustive efforts to secure a local crisis stabilization program failed. Failure to secure crisis beds were primarily because of a lack of funds and the absence of a local treatment program suitable to meet the needs of children with problems.

Dually Diagnosed Program - This program is a National Institute of Mental Health demonstration project for clients with a substance abuse and psychiatric disorder. This is a three-year grant and, regretfully, federal funding for this program will end on Sept. 30,1990. The majority of the 46 clients in this program remained in the community during the past three years. There have been only four admissions to the State Hospital. Due to intensive case management services and the ongoing evaluation and monitoring process, clients in the program remained relatively stable.

A grant has been submitted to the office of treatment and improvement in an effort to expand services of the existing program. If this grant is approved, eight staff be added. The client census is projected to increase to 120, with the average age range of 18 to 70.

Daily Living Skills Program - The center has three living skills programs, one in the central office and one in each satellite office. These programs have been successful in maintaining client tenure in the community. To date, all clients in these programs have remained stable and in the community. Because of inadequate space and staffing, a waiting list for ad-

mission to this program is maintained.

Structured Intensive Care Program - This program has been successful in averting hospitalization and rehospitalization; however, it has not directly proved to be cost effective. The average daily attendance is 10 clients. This program is staffed with three mental health professionals.

The following table compares the services provided during this fiscal year to the previous fiscal year.

| | FY 88-89 | FY 89-90 |
|---|---|---|
| Census | 1,341 | 1,430 |
| Admissions | 817 | 912 |
| Discharges | 735 | 878 |
| Unduplicated Contacts | 2,268 | 1,983 |
| Duplicated Contacts | 25,749 | 31,224 |
| Inpatient Admission | 222 | 234 |

These statistics show an increased census of 89 clients, an increase of 95 admissions and an increase of 143 discharges for FY 89-90. However, the number of unduplicated contacts decreased by 285. The number of duplicated contacts increased 5,475. This increase probably stemmed from more frequent targeted case management and the provision of individual living skills training. Inpatient admissions increased by 12. The number of unduplicated contacts decreased because the alcohol and drug admission law. Many of these clients were seen in this center for admission to Morris Village or to the Dawn Center and were never seen again by this center.

Emergency Services - This unit has been upgraded. There is currently a coordinator of emergency services. Space has been rented to house people brought in on an emergency basis. The rationale behind this action is to assist individuals who have lost control of their lives to maintain their dignity and to facilitate a rapid turnover to assessing treatment.

During FY 89-90 the center, through careful planning and management, was able to end the year without a financial deficit. However, due to frugal spending, new programs to meet the current needs of the population in the center were placed on hold. Funds for local non-state hospitalization are inadequate and total allocation should be increased to adequately meet the rapidly growing needs in this area.

The goals for FY 90-91 are as follows:

* continue to improve on program development and expansions, i.e., alcohol and drug prevention, differential program for the elderly in all office locations and a differential program for children in both satellite offices
* strengthen the emergency services component by adding a nurse to this area

* improve medical coverage by adding two more psychiatrists to the existing staff
* decrease the number of admissions to the state facilities by providing additional case management services
* reduce the number of cases each clinician has to an average of 70
* establish crisis stabilization beds in this catchment area to accommodate both the children and adult clients
* continue inservice/education programs for all center staff.
* continue to interface with other local agencies in an effort to enhance service delivery
* seek out funding for program and staff development.

**Pee Dee Mental Health Center**
(Florence, Darlington and Marion counties)

The board and staff of Pee Dee Mental Health Center continue to forge a very close and very dynamic working relationship. The center leadership worked very hard at improving working relationships within the center and the center's working relationship with the S.C. Department of Mental Health.

In September the board approved a resolution that was presented to the S.C. Mental Health Commission in October. The resolution contained four major points: recognize the autonomy of local boards of directors; eliminate the inequitable treatment of centers; study the department's administrative relationship with the centers; and study the department's apparent lack of commitment to decentralization. The resolution received broad support across the state and was favorably received by the commission.

The commission visited the center in the spring and has since begun several initiatives which were requested in the resolution. This mutual involvement of the mental health center board and the Mental Health Commission in addressing their common concerns clearly signals a new era for community mental health in South Carolina.

Hurricane Hugo caused severe damage in the Pee Dee area. Several center buildings were damaged and one office was temporarily relocated. Staff recognized that other areas on the coast suffered greater damage and volunteered their services during the crisis. A Hugo Outreach Team was later established at the center to provide crisis services within our own catchment area.

Housing for the mentally handicapped received special emphasis. A staff person was given full time responsibility to develop a community response to the housing needs of local mentally handicapped clients. A task force was formed which became knowledgeable on the subject. A nonprofit corporation was formed and the task force has now become a

steering committee. The response to this initiative has been encouraging.

In adult services the structured intensive care program was closed because of low utilization. There is hope that it might be restarted some time in the future. The outreach program, which focuses on difficult to reach clients, had faltered early in the year. It was reorganized and is making a real contribution in keeping clients stabilized in the community. A Clozaril program was begun in the spring and has produced dramatic results on a small scale. The staff and clients are very enthusiastic about the potential this program offers to the more severely mentally ill client.

In family and children services two changes occurred. With the hiring of a social worker in the Lake City office, Lower Florence County was able to expand services to this population. The other change was at Halcyon House, a regional adolescent residential crisis stabilization facility. Halcyon House was relicensed from a five to a six bed facility. It is still planned that under normal circumstances only a maximum of five children will be served. However, in an emergency situation the extra bed could provide some needed flexibility.

On the administrative level a psychiatric service chief was hired and this has provided new stability and direction for the Center's medical services. A new position of assistant director for administrative services was created and filled and this has provided a significant boost to operations.

The new year promises to be a very active one. The board and staff along with advocacy groups and a broad spectrum of community representatives is developing a model mental health center plan to guide the growth and direction of the center over the next 20 years. This is a very exciting project and has the potential for revitalizing the community to an awareness of the needs of the mentally ill and support for community mental health. Community forums with the theme "Toward Local Care" are being planned for each county with follow-up meetings to be held in all the communities of the three county catchment area.

The center has received special funding for a counselor to provide mental health treatment services to the deaf. The counselor will also provide consultation statewide for services to the hearing impaired.
The center received a grant to provide family preservation in-home treatment services. The primary target population will be clients of the Department of Youth Services.

The center will continue with its efforts to provide adequate housing for its mentally handicapped clients. It plans to expand its outreach program and its Clozaril program. The need for additional office space has become very pressing and the availability of additional office space is being investigated. To keep everyone informed of center activities, two papers are published by the center. "The Center Voice" is a newspaper for the staff of the center. "Bridges" is distributed in the local communities and to interested persons across the state.

**Piedmont Center for Mental Health Services**
(South Greenville County)

The Piedmont Center for Mental Health Services serves one of the fastest growing areas in South Carolina. The area is experiencing a tremendous influx of new businesses and industries. This is accompanied by new housing, new apartment complexes and families moving into the area. To serve the growing population, the center has full-time offices in Simpsonville and Greer and a part-time office in Piedmont.

Serving the seriously mentally ill continues to be a top priority of the center. There are numerous community-based programs to provide services to this population. The center, through contractual arrangements, places patients in eight 10-bed community care homes, Ridgeview Community Care Homes and Gregory's Community Care Homes II.

During FY 89-90, the center developed a supportive structured therapy program to assist these 80 community care home residents to function in the community. Several patients were able to leave these homes and move into independent apartment living.

The center contracts with Gateway House to provide a program of psychosocial clubhouse services for approximately 30 clients with lengthy histories of mental illnesses. A majority of these clients live at Gateway Apartments, Portals Apartments, Towers East Apartments or Carolina Retirement Center.

Gateway House also provides supportive employment services for clients who have progressed to that level of functioning.

The center also uses the services of Goodwill Industries and S.C. Vocational Rehabilitation.

The Piedmont Center participates in the Managed Care Project, which receives Robert Wood Johnson support. There are 20 seriously mentally ill clients assigned to the case manager in this project. After the center struggled and searched for several months, two local family practice physicians agreed to accept these 20 clients to provide basic health screening and care. This intensive case management approach to the care of the mentally ill is much needed due to the growing number of chronic mentally ill clients residing in the community.

The center contracts with Chestnut Hill Psychiatric Hospital to provide local inpatient stabilization for mentally ill clients. This service is utilized when a brief local hospitalization will prevent longer state institutionalization. Other local hospitals are used when patients have resources to cover the cost of inpatient care.

The center relates closely with Harris Psychiatric Hospital, which serves Region B of the state.

The center is in the third year of a Child and Adolescent Services System Program project to serve adjudicated children with mental health related problems. All children in this project are in threat of being

The center then became a central participant in the department's Hugo outreach efforts, hiring 11 staff to do outreach for victims in five counties. This effort has required considerable investment from the center. The outreach effort is ongoing and will continue until January 1991.

Even with the interruption of Hugo, the center continued to serve a large number of citizens. The following are statistics for this past year: admissions, 1,600; discharges, 976; caseload, 2,025; contacts, 36,788.

Even with the impact of Hugo, the center increased its active caseload by 14 percent and contacts by 16 percent. Psychiatrically disabled patients account for 66 percent of caseload.

In addition, the center entered into two ambitious building projects -- a 3,000 square foot addition to the offices in Sumter, providing a new waiting room, secretarial area, administrative and treatment offices and an addition of 1,500 square feet to the building in Kershaw County, where a living skills program will be developed.

In an effort to assess services indicated in the center's goals for last year, it was determined that the structured intensive care program, a day treatment service for persons in an acute crisis, was not effective. This program was integrated into a new living skills program, which allowed for expansion.

The Kershaw County office, because of personnel changes, has required a significant amount of staff time to cover this office. It has taken time to begin to restructure this office, bringing it into compliance with center standards.

The center has continued to maintain and strengthen its joint efforts with other agencies. The family preservation service, funded by mental health and social services, focuses on high risk families where one or more of the family is in danger of being removed. This service provides intense treatment, assisting the family in finding an equilibrium. An evaluation of the 20 families served during the year showed that all families are in tact.

The job coach program, a joint effort between the center and vocational rehabilitation, identifies persons who have a psychiatric disability who can be helped to move into the job force.

Lastly, the center has continued its partnership with the Sumter County Commission on Alcohol and Drug Abuse around the commission's day treatment program for chemically addicted persons. This program, has not only diverted admissions from central inpatient facilities, it has focused on persons who have a diagnosis of both a psychiatric illness and abuse of chemicals.

The center targets the following goals for FY 90-91:

* maintain an effective set of services, given available resources, with psychiatrically disabled persons being the priority
* explore housing needs, assisting in the formation of a private, not-for-profit corporation to develop housing opportunities
* develop the daily living skills program in Kershaw County office

removed from the home and placed in a Department of Youth Services (DYS) institution. This project functions in close collaboration with DYS and the Greenville Family Court.

Three mental health counselors are each assigned four clients at a given time. In-home services, based on the multi-systemic family preservation model, are provided each child and his household on an intensive level for 12 weeks. Children needing additional care are referred to other outpatient services of the center. This service has become a model for the state and is being duplicated in other areas jointly by DYS and DMH.

The center provides community residential treatment services for children ages 11 through 16 in the Clear Spring Home for girls and the Bethany Home for boys. The therapeutic milieu of the homes is based on the Teaching Family model of care. Normally the troubled children are in the treatment homes for nine months or longer.

The center continues to have very active outpatient services for clients of all all ages. Referrals come from physicians, other agencies, families, self referrals, pastors, schools and other community caregivers.

The center had very impressive statistics for FY 89-90 which include: total number of patient contacts — 50,112 and new admissions —1,190.

The center plans to continue to build on a solid base of services in FY 90-91. Serving the seriously mentally ill and children will continue to be top priorities.

Goals for FY 90-91 include:

* develop an additional group living skills clubhouse program to serve more mentally ill clients
* develop mental health outpatient services for the hearing impaired
* enhance emergency services to further reduce commitments to state hospitals
* obtain additional CASSP grants to provide reunification services for children who are in institutions and who need to be placed back in the community, and to deliver family preservation services to children from a given middle school who are at risk of being removed from their homes
* recruit another full-time psychiatrist, fill other vacancies and retain staff members to deliver all programs and services.

**Santee-Wateree Mental Health Center**
(Sumter, Clarendon, Kershaw and Lee counties)

This past year was "The Year of Hugo." Less than a third of the year had passed when Hurricane Hugo devastated a large portion of the state, including this center's four counties. While the initial reaction was numbness, the center's staff quickly responded to the challenge of the disaster. Overall the staff responded like heroes with the center's reaction to the disaster being described as exemplary.

* participate in the development of a mini-computer based management information system
* explore ways to further develop relationships with county correctional center staff, police and sheriff departments
* bring the Hugo outreach project to an orderly conclusion.

**Spartanburg Area Mental Health Center**
(Spartanburg, Union and Cherokee)

In reviewing the goals enumerated for FY 89-90 in last year's annual report, it is not evident that maintaining numerous excellent programs would be the major focus. In addition to keeping those consistent on-going services, the center has addressed most of the goals for FY 89-90.

Key accomplishments for FY 89-90 were:

* The Union County Mental Health Center moved into its new building on Medical Sciences Drive in Union in September 1989. The Mental Health Association of Union County hosted a ribbon-cutting on Oct. 22. Clients, staff, and local/state/federal officials attended.
* Staff and the building and grounds committee of the board of trustees put in numerous hours with developers, architects and county officials toward a new building for Spartanburg County services. The need is clearly substantiated and options are available.
* Only two staff positions from FY 89-90 remain unfilled, while 19 people were hired. Three staff were recognized for 10 years of service.
* Efforts toward having a public safety/security officer at the Spartanburg site were made with the board of trustees, Spartanburg Regional Medical Center, DMH Personnel and Legal Departments, as well as with the executive deputy commissioner. While there is not yet resolution as to the best option, efforts continue toward meeting this need.
* During this year virtually all staff were trained in the prevention and management of aggressive behavior as requested by DMH.
* The hours of emergency face-to-face assessment/screening at Spartanburg Regional Medical Center (SRMC) were expanded from six days/week to cover seven days/week. It is now extremely rare that there is not a mental health professional in the SRMC emergency room each evening, 6 p.m.- midnight.
* The New Day funding was expanded to $283,125. The relationship with that clubhouse continues to be an effective one as they expanded into a new facility this year and are applying for H.U.D. funding to build housing for some chronically mentally ill clients.
* Recruiting for psychiatrists for the center and community has been coordinated by the center director.
* Psychiatric coverage has been expanded during the year, and the hours of service by family practice residents has increased.

* A position for an intensive case manager was established and funded early in the year, and numerous applicants have been interviewed. Many of those applicants were not appropriate, and those to whom the job was offered did not take it. Recruiting and interviewing continue.

Several major changes effected the center that were not anticipated. L-Tryptophan was removed from the market by the U.S. Food & Drug Administration necessitating a 100 percent record review and notification of all clients to stop this drug whether prescribed by our physicians, other physicians, or purchased over-the-counter.

Medicaid regulations changed regarding the basic living skills program in two community care homes leading to the center's having to establish and fund two positions and re-negotiate CCH contracts to keep services on-going for a selected client group.

Hurricane Hugo Disaster Response was met by center staff with open hearts and willing hands. Center staff participated from the time of alert on Sept. 20, 1989, through assessment, go-teams, de-briefing, sending flowers, receiving recognition, grant-writing, article-writing, and evaluation. Ten staff were directly involved.

Four weeks of day camp were provided for child and adolescent clients, with Cherokee Mental Health Center also holding the first day camp in its history.

Two contracts were signed with the E.H. Smith Girls' Home to provide services to their residents and to access a safe, protected environment for short-term crisis stabilization for our referrals as an alternative to inpatient treatment. These contracts are in addition to a crisis stabilization contract with M.I. Pickens Hospital and one in negotiation with Spartanburg Regional Medical Center.

The community support program implemented an agreement with the Charles Lea Center, held large clinics for clients, visited clients in their homes, helped with placement of difficult clients, served as a link to state hospitals, staffed probate court exams and hearings, and increasingly maintained the chronically and severely mentally ill in the community.

The use of homeless grant-money has become an exemplary program with a range of interventions.

Goals for FY 90-91

* maintain or expand current level of clinical services by filling vacancies and retaining staff
* continue efforts toward a new facility in Spartanburg County
* pursue contracts with the emergency rooms in Cherokee and Union
* establish group living skills program in Union County, expand group living skills program and establish an adolescent day program in Cherokee County
* fill intensive case manager and hospital liaison positions
* stay financially sound

* add a public safety officer/security guard in Spartanburg County
* extend psychiatric/physician services
* increase New Day funding from $283,125 to $321,845
* increase Mental Health Association of the Piedmont's Crossroads funding from $10,000 to $11,340.

**Tri-County Mental Health Center**
(Chesterfield, Dillon, and Marlboro counties)

FY 89-90 was a year of change and staff movement for Tri-County Mental Health Center, resulting in a stronger, more stable operation.

A psychiatric service chief was appointed, lines of staff supervision were clarified, and orientation and credentialing procedures were improved.

Staff productivity has begun to increase. High-needs clients are receiving more frequent contact than a year ago, and there are more options for services. Staff has decreased and center contacts appear to be down, due to the splitting of a large boarding home program.

An off-site clubhouse now serves half of those clients. Others are served through a contract with boarding home staff. Tri-County pays for these services, but they are not included in center statistics.

While the Pageland young-adult program closed, a new living skills clubhouse opened in Chesterfield County with three times the capacity of the former living skills program.

The Chesterfield alcohol and drug program moved into the Cheraw facility, allowing that office to re-open full-time. Case reassignment allowed for one full-time intensive casemanager.

The acquisition of two new vans provides additional outreach capacity in each county. Stronger support can now be given to clients for whom the center has found independent housing.

Staff training was a high priority, with Tri-County staff averaging 61 hours each. Included are six on-site, in-service training days; the nine-day case management certification program for half of the staff; an on-site sign language course and computer training forall administrative and clerical staff.

Another goal for the year was to increase consultation and education contacts. The center saw a rise in fees for training and contract services. Public forums were held in all three counties.

Center staff gave consultative support to a number of new resources developing in the area including Parents Anonymous, the Pee Dee Coalition Against Domestic Violence and Sexual Assault, and a chapter of the National Alliance for the Mentally Ill.

Tri-County maintained a balanced budget. Fee collections continue to increase, particularly Medicare.

The center ordered additional computers, which should improve the

quality care by improving the tracking of administrative and clinical information.

There has been some success in drawing attention to the serious building needs of the center.

FY 90-91 goals include:

* to enhance services to community support program clients by establishing an additional club house, increasing outreach capacity, developing alternative housing, and strengthening the relationship with Vocational Rehabilitation
* to further develop the emergency support program through additional contracting with local doctors, working to establish local alternative crisis resources, and initiating an in-house review of center commitments
* to reassess the needs of and improve services to special populations (i.e. dually diagnosed, AIDS, abuse victims)
* to improve center communication utilizing new computers and replacing outdated telephone systems
* to increase local support through consultation and education activities, especially in regards to construction needs
* to strengthen the center's financial standing, maximizing fee collections and continuing to build staff productivity
* to strengthen center alcohol and drug services, reducing commitments and meeting all S.C. Commission on Alcohol and Drug Addiction contracts
* to revamp the ordering and management of client medications
* to pursue all options for improved office space
* to improve recruiting and retention of staff through developing internships, continuing educational opportunities, and serving on state-level human resource development committees.

**Waccamaw Center for Mental Health**
(Gerogetown, Horry and Williamsburg counties)

During FY 89-90, the goals and objectives of the Waccamaw Center for Mental Health were concerned with increasing services for citizens with major mental illness. As a result, aftercare, intensive case management, individual and group living skills and managed care programming were emphasized.

During the year the center achieved rates of admission to state facilities among the lowest in community mental health.

Also, the center continued a major emphasis on providing face-to-face emergency screenings and evaluations 24 hours a day, seven days per week.

The center continued the development of programs for special target

populations, such as a program for children under the Victims of Crime Act, a sexual assault intervention program and Children's Alternative Program, and a crisis outreach service.

Funding was obtained to provide shelter and case services for the homeless, to continue the center's Minority Outreach Services (Adventure Program), and a program was provided on Alzheimer's disease.

During the year the need to have physical facilities adequate for provision of a broad range of services, from the routine outpatient to emergency screening of highly volatile clients, continued to receive emphasis. In the absence of a funded capital improvement plan for community mental health, this center continued to resolve facility issues at the local level by leasing more space in two of the three counties served.

In the light of funding limitations, adding two service locations to the center's resources has been a major accomplishment during the year.

Another activity receiving much emphasis throughout the center involved collection of third-party fees, especially Medicaid fees. The center met its goal and increased medicaid collections slightly over 20 percent from the previous year.

Looking ahead to FY 90-91, the center will continue to bring about an appropriate transition in programs and services to focus on providing care to citizens with major mental illness.

Efforts will continue to upgrade services to special target populations including the chronically mentally disabled, through the development of housing opportunities under the provisions of the Housing and Urban Development funding mechanisms, through the development of a psychosocial clubhouse and through the continued enhancement of group living and individual living skills activities center-wide.

Services to children and adolescents will continue to receive a major emphasis with the goal of increasing services in this program area and to delivering services in group settings where appropriate.

The center will continue to work toward the goal of establishing a central facility and upgrading of existing facilities.

Another area of activity that will receive emphasis during the coming year will be that of fee collections. The goal will be to increase revenue collections in the areas of private pay and insurance through the addition of billing personnel and placing of billing for these areas on computer programming.

## INPATIENT SERVICES

### Academy for Pastoral Education

The Academy for Pastoral Education continued its efforts during the fiscal year to develop its programming around community-based perspectives and activities. The various academy program levels of clinical pastoral education are now heavily related to a community-based delivery system.

The Piedmont area program at Harris Hospital, for instance, emphasized significantly an extended educational program (once a week) during the year for community pastors from the northwestern part of the state. One of the highlights of this curriculum is that of equipping pastors with skills to provide supportive projects in their own congregations for discharged mentally ill patients.

The Midlands area program of the Academy provided a similar extended format for pastoral participants with the major curriculum focus on pastoral care with a homeless mentally ill project in the Columbia community (jails, shelters, soup kitchens, Salvation Army, and other community locations). Eight people have completed this extended clinical pastoral education program in the Columbia area over the past two years.
A full-time summer, 1990 program of 11 weeks was offered to eight seminary students in the Midlands program. Four seminary students functioned as a training group in the homeless mentally ill project, while four were assigned to Hall Institute.

The Academy's full-time residency program stressed a community curriculum for its seven clinical pastoral education residents in ( FY 89-90). Assignments included participation in community psychosocial clubhouses, community care homes, the homeless project, DMH clinical facilities, a partial hospitalization program, and other community sites. At least 60 percent of the clinical pastoral education resident's time is spent in community assignments. Of the 56 clinical pastoral education residents who have attended the Academy program since it began in 1983, 42 (90 percent) have remained in South Carolina upon graduation.

Eleven of the 14 new staff chaplains hired in the DMH since 1987 are graduates of the Academy's residency program. Because of community-based training, these new chaplains can offer substantial contributions and community oriented experience to the department's efforts to shape a comprehensive community-based delivery system.

Chaplains and mental health planners from Kentucky, North Carolina, Georgia, Scotland, West Germany, and Quebec visited the academy to learn about community-based clinical pastoral education.

"Social Justice as Pastoral Care" was the subject for the Academy's annual state-wide Pastoral Care Convocation held in Columbia on Nov. 27, 1989. The all-day conference, attended by 135 registrants, examined

ministry with the mentally ill and other people who often face the injustice of stigma and social neglect. The Academy's distinguished service award was presented at the convocation to College Place United Methodist Church for its outstanding congregational ministry with mentally ill people who live in community care homes.

During the year, a council on community-based ministry was organized by DMH staff clergy. It was formed to serve as a primary resource group to DMH chaplaincy in the community-based thrust and to foster the development of chaplaincy projects in the community. The council further enhances the Academy's role in facilitating qualitative clinical pastoral education for clergy and seminary students by their participation in such developed projects.

The Academy's primary goal for the next year is that of formulating increased curriculum opportunities for pastoral care education and ministry with the community context.

**Bryan Hospital**
**(G. Werber Bryan Psychiatric Hospital)**

During FY 89-90, Bryan Hospital provided inpatient, acute psychiatric care to patients from its 28-county catchment area. The hospital provided services on a referral basis fo the Hall Institute four-county catchment area and from the Harris Hospital 14-county catchment area.

In an effort to more clearly define and implement the mission of the department's acute-care and extended care hospitals, Bryan Hospital, in August 1989, assumed all admission responsibilities from S.C. State Hospital. Since that time, the average census of S.C. State Hospital has decreased by approximately 100 patients, and Bryan Hospital census has decreased by 50 patients. This has allowed for the transfer of patients needing extended care from Bryan and Harris hospitals to increase by 100 percent.

Bryan Hospital emphasizes state-of-the-art professional evaluations to more clearly recognize those people who have been admitted involuntarily and who are not mentally ill; and emphasizes the importance of accurate diagnoses and the timely application of appropriate treatment.

Patient's rights issues are actively pursued in regard to their being treated in the least restrictive environment possible. We continue to emphasize appropriate discharge planning and community placement. Bryan Hospital continues to admit between 350 to 390 patients per month. This is a greater than 56 percent increase over FY 88, and approximately 10 percent increase over FY 89-90.

The hospital has never refused a patient for lack of a vacant bed.

Bryan Hospital was licensed by S.C. Department of Health and Environmental Control, was certified by the Health Care Financing Administration, and continued its three-year accreditation (with no focal surveys) by the Joint Commission on Accreditation of Healthcare Organizations.

The average length of stay per patient admitted to Bryan Hospital is approximately 15 days, which is consistent with the definition and mission of an acute-care hospital.

The leadership of the hospital is actively engaged in and has shown considerable success in recruitment and retention of outstanding professionals. The professional staff, both clinical and administrative, have been encouraged to pursue ongoing educational programs to update and keep their skills current.

During FY 89-90, Bryan Hospital significantly established closer relationships for continuity of care with the mental health centers and local outpatient services and has participated with several mental health centers in extensive surveys on mental health center screening.

The facility, along with Charleston Area Mental Health Center, developed an emergency needs assessment, to evaluate what resources would be necessary locally for a patient referred to Bryan Hospital to remain in their home county. A goal for FY 90-91 is to expand the emergency needs assessment and the surveys on mental health center screening to the other mental health centers.

Bryan Hospital has put into place a patient and family education program that has received regional and national recognition. Members of our staff made presentations at three national meetings this past year. Credentialing workshops were held at our facility with large participation by health care professionals from all areas of South Carolina as well as a three-state area.

In FY 89-90, the hospital began a model program to refer patients and their families to their local organizations of the S.C. Alliance of the Mentally Ill. During FY 90-91, we plan to put additional resources on this program.

During the year prominent citizens from the midlands with a high public profile and a reputation for getting things done, accepted appointments on the Bryan Hospital Advisory Board to the Volunteer Services. Recommendations have been made to use the volunteer services organization at Bryan Hospital as a model for other facilities. The hospital has a goal for FY 90-91 to increase volunteer participation by at least 25 percent.

During the next fiscal year, Bryan Hospital anticipates establishing even closer ties with the psychiatric residency programs of the U.S.C. Medical School and the Medical University of South Carolina. The hospital will work to enhance continuity of care for patients by having staff visit mental health centers and encourage center personnel to visit Bryan Hospital.

Bryan Hospital's priority for FY 90-91 is to sustain the marked increase in productivity achieved in FY 89-90, along with retaining its highly trained and competent professional staff, and maintaining its current status with all licensing certification and accrediting agencies. The hospital will continue to strive to fully perform its mission in the most competent, efficient, humane and compassionate way possible.

**Byrnes Medical Center**
**(James F. Byrnes Medical Center)**

James F. Byrnes Medical Center's mission is to provide acute medical-surgical care to physically ill patients who have been admitted and reside in Department of Mental Health facilities. By contract, Byrnes also provides acute medical-surgical care to inmates of the S. C. Department of Corrections, and custodial care to resistant/non-compliant tuberculosis patients committed by the S.C. Department of Health and Environmental Control. Medical detoxification of alcohol and drug clients is provided to Morris Village and continues to generate high workload statistics.

**FY 89-90 Statistics**

| | |
|---|---|
| DMH Admissions/Transfers In | 1286 |
| SCDC Admissions | 574 |
| DHEC TB Admissions | 14 |
| Substance Abuse Detox Admissions | 1578 |
| TOTAL | 3452 |

As evidenced by the above statistics, Byrnes makes a significant contribution to the citizens of South Carolina by providing economical, yet quality services to several state agencies.

We have been fortunate to have had a year which could be characterized as going as planned. We experienced no turnover in our excellent medical staff, which has helped maintain continuity in our medical-surgical delivery system. The capital improvement project continues to move forward with major completions being noted in the area of submitting all requests for hospital equipment ($1.5 million), and the actual installation of state-of-the-art radiology units. The long-planned consolidation of the medical floor and the surgical floor was accomplished in order to perform asbestos abatement on one vacant floor at a time. This significant event was made possible through the efforts of a large number of dedicated individuals within Byrnes, at sister facilities and at departmental administration to transfer out long-term care patients to appropriate facilities.

The abatement and renovation will take 10 to 12 months, and upon completion, the bed census, presently at 122, will again increase to 166 or at a level consistent with agency plans.

One event which was not planned was Hurricane Hugo. Byrnes was represented in one of the first response teams sent to the Charleston area. Medical staff, nursing staff, pharmacists, operating room staff and others volunteered many hours throughout the DMH relief effort. In addition, Byrnes coordinated the gathering and delivery of medical supplies and a significant amount of pharmaceuticals donated by drug companies.

Goals accomplished in FY 89-90 include:

* The hospital realized favorable results on the Joint Commission on Accreditation of Hospital Organizations (JCAHO) focused survey regarding progress on quality assurance issues and met JCAHO requirements for a written progress report on life safety issues.
* Clinical laboratory hours of operation were extended to cover a p.m. shift, weekends and holidays.
* Quality assurance data is now being made available to sister facilities so they may evaluate ambulatory care and ancillary services as required by JCAHO and other accrediting bodies.
* The medical education program has been expanded.

Major areas to be addressed in FY 90-91 include:

* nurse recruitment and retention
* JCAHO survey
* DHEC survey
* asbestos abatement and project management
* balanced budget

**Crafts-Farrow State Hospital**

Crafts-Farrow State Hospital had a very successful FY 89-90, with some of the following accomplishments:

* for the third straight year, successfully passed all state, federal and departmental surveys
* renegotiated the Woodruff Health Care contract to allow Crafts-Farrow to benefit from the Medicaid program
* reduced overcrowding by moving out of the smaller Building #3 to the Shand Building. The Shand Building's program and staff moved to McLendon subsequent to Dowdy-Gardner Nursing Care Center's moving to Tucker Center.
* transfer of the ICF/MR program to Crafts-Farrow, without adverse impact on patients and staff
* reduced overall facility censu -- a net reduction of 41 patients in the psychiatric portion of the facility's average daily census
* balanced budget for FY 89-90. Crafts-Farrow was successful in providing a full array of services to its clients and stayed within its approved budget.

The facility goals for FY 90-91 are as follows:

* reduce patient census
* stabilize facility revenue base
* improve clinical staffing
* resolve physical plant problems

## Dowdy-Gardner Nursing Care Center

The mission of the Dowdy-Gardner Nursing Care Center is to provide quality long-term care for the elderly patients (65 years of age and older) who have a primary psychiatric disability with psycho-behavioral manifestations and complicating, secondary medical problems.

The primary goal of Dowdy-Gardner is to maximize the overall quality of life of the department's geriatric patients while providing a cost-effective service.

Dowdy-Gardner has a total licensed bed capacity of 518 beds, of which 510 beds are considered functional, due to requirements for isolation rooms and quiet rooms. An average daily census of 492, and an average length of stay of 853 days is projected for the facility. Projected costs per patient day by program are: Farmer Building - $84.29, Fewell Pavilion - $84.08, Rock Hill - $103.76; excluding indirect costs.

Dowdy-Gardner/Columbia

Major accomplishments for FY 89-90 included the transfer of the intermediate care facility/ mental retardation (ICF/MR) program to Crafts-Farrow State Hospital and relocating institute for mental disease (IMD) patients from McLendon Building (located on the Crafts-Farrow State Hospital campus) to the Fewell Pavilion, located at 2150 Harden St. Also, licensure and certification were maintained for all programs with only minor deficiencies noted; and the mental health specialist staffing was increased to 20 MHSs per ward to maintain minimum staffing.

Major goals for FY 90-91 include:

* operate the facility within established budgetary limits while maintaining quality patient care
* maintain licensure and certification for all program
* increase nursing supervisor positions from three positions per campus to four-and-one-half positions per campus, to eliminate non-supervisory personnel serving as supervisors
* increase licensed nursing staff from five licensed staff per ward to six licensed staff per ward, to provide necessary coverage and to eliminate swing shift schedules
* obtain certification for all mental health specialist staff to comply with OBRA legislation
* provide an alternate means of processing facility laundry and linen
* coordinate the opening of the Richard Michael Campbell Veterans Nursing Home located in Anderson, S.C.
* enhance facility-based inservice education and pursue other educational opportunities through departmental staff development and non-departmental sources.

Dowdy-Gardner/Rock Hill

In FY 89-90, the operations continued to be managed by PHP Corporation. The director, designated liaison between the Department of Mental Health and PHP, oversees the quality of services provided to Department of Mental Health patients.

The primary goal for FY 90-91 is to continue meeting requirements for licensure and certification.

**Hall Institute**
**(William S. Hall Psychiatric Institute)**

With the close of FY 89-90, came the end of 25 years of public service by the Institute Director and Chairman of the Department of Neuropsychiatry and Behavioral Science of the University of South Carolina School of Medicine, Alexander G. Donald, M.D.

Under Dr. Donald's direction and administration, the Institute gained prominence nationally as a state-of-the-art psychiatric training center for all mental health disciplines. The foundation for teaching, research, and service firmly established under Dr. Donald's leadership, the Institute now readies to strengthen that mission with an emphasis on public mental health, community liaison, and academic/research linkages.

The blue ribbon committee on the future of the William S. Hall Psychiatric Institute was appointed by State Mental Health Commissioner Joseph Bevilacqua to study the mission, function, and direction for the Institute in the 1990s.

The recommendations of the committee are intended as a guide for the commissioner as the Department of Mental Health moves toward community-based care.

Included in the recommendations is the need to develop clinical teaching programs with local centers, hospitals, and department facilities, while maintaining a balance of academics and service in the process.

The general psychiatry residency training program has, for the third consecutive year, filled all eight post graduate year (PGY I) slots. This is particularly noteworthy, considering that the percentage of medical students entering psychiatry dropped from last year. This downward national trend is reflected in the current 5.6 percent of medical school graduates entering psychiatry programs. The number of psychiatry residents now totals 28.

When the occupancy rate on the adolescent male unit reached 147 percent in January, several steps were taken. Eight additional adolescent beds were opened on Dix West in February 1990. Policy was established requiring crisis stabilization beds in the community to be utilized prior to admission to the Institute child and adolescent psychiatry division. Sixteen and 17-year-old males will no longer be transferred from Patrick Harris Hospital when Institute beds are full.

The South Carolina Supreme Court ruling that children will no longer be admitted to psychiatric hospitals for the purpose of "safekeeping" was a monumental decision impacting child and adolescent services. These actions combined resulted in an occupancy rate of 88 percent in March.

In October 1989, the American Academy of Psychiatry and the Law accredited the forensic psychiatry fellowship program for three years.

The forensic division, under the direction of Dr. Richard Ellison, underwent an initial Medicare/Medicaid survey by the Health Care Financing Administration in April. Surveyors commended the forensic staff for the high quality of care. The Institute satisfactorily met both conditions related to staffing and medical records.

Goals for FY 90-91 include:

* (primary) ensure a smooth transition with the arrival of the new Institute director and chairman for the Department of Neuropsychiatry. It is anticipated that Dr. Larry Faulkner will assume his new duties by mid-November.
* recruit key staff -- The Institute is currently recruiting board certified psychiatrists to fill a DMH/DMR joint position, a position for child and adolescent chief and a public psychiatry position. Nationally, positions for psychiatrists far out number those seeking positions, making equitable salary structure of utmost importance in recruitment of qualified psychiatrists.
* match the vision of the blue ribbon committee through reorganization of the Institute -- Efforts will include the development of model programs for prevention of mental illness and the treatment and rehabilitation of the chronically and severely mentally ill, children, the elderly and substance abuse patient populations. A significant part of the teaching and research programs will be devoted to continuity of care of the chronically ill across multiple care settings, increasing outreach to community mental health centers. The Institute has the potential to become a premier center for liaison between academia and the public mental health system.
* re-emphasize quality improvement, in keeping with the departmental goal of improved quality of care in all DMH facilities
* negotiate a plan to establish an 11-bed treatment unit for severely emotionally disabled children with charges. -- Representatives from the Departments of Social Services, Youth Services, and Continuum of Care are part of these negotiations.
* consider a proposal to realign inpatient units in order to eliminate smaller units and enhance utilization of nursing personnel
* obtain state-of-the-art pharmaceutical services -- Contract proposals to provide unit dose pharmacy distribution have been requested.
* Coordinating the 17th annual continuing medical education symposium in the spring at Hilton Head Island -- The symposium is targeted for psychiatrists and family practitioners from across the state.

**Harris Hospital**
**(Patrick B. Harris Psychiatric Hospital)**

Patrick B. Harris Psychiatric Hospital was completed in 1985. It began admitting patients Oct. 1, 1985, and is licensed to operate 206 short-term, acute-care beds. Harris Hospital is a regional psychiatric hospital serving 14 counties in the Piedmont region of South Carolina, and serves patients residing in Abbeville, Anderson, Cherokee, Edgefield, Greenville, Greenwood, Laurens, McCormick, Newberry, Oconee, Pickens, Saluda, Spartanburg, and Union counties.

Harris Hospital's mission is to provide quality, intensive, short-term, psychiatric and substance abuse treatment. Harris Hospital accepts voluntary admissions as deemed appropriate, involuntary (emergency) and judicial commitments in accordance with current legal statutes and Department of Mental Health directives. The hospital provides services for adult male and female as well as child and adolescent patients suffering from psychiatric illnesses.

Recently Harris Hospital developed a specialty program serving hearing impaired patients who suffer from psychiatric illness.

Harris Hospital currently has 173 funded beds which are operational for FY 90-91. Thirty-three of the 206 licensed beds remain unfunded.

Accomplishments for FY 89-90 include:

* provided services to the following numbers of patients: adult psychiatric admissions, 2,116; child and adolescent psychiatric admissions, 232; substance abuse admissions, 403; hearing impaired psychiatric admissions, 17
* Probate judges held 1,372 Probate Court hearings at Harris Hospital with clinical staff providing court testimony and conducting 2,507 designated Probate Court examinations. Probate judges held 319 hearings outside the hospital.
* Harris Hospital was certified for continued participation in the Medicare/Medicaid program by the Health Care Financing Administration. It generated $883,706 in Medicaid reimbursement for FY 89-90 and $729,991 Medicare reimbursement for FY 89-90.
* served as a site for clinical practice for nursing students from Clemson University, Tri-County Technical College, Lander College and Piedmont Technical College. The increased exposure has assisted Harris Hospital in recruiting additional registered nurses.
* recruited four additional psychiatrists to join the medical staff. Two of these psychiatrists are in the process of becoming board certified.
* completed the fiscal year within the budget allocated
* continues to maintain an informal relationship with the Medical College of Georgia, Department of Psychiatry. Currently, eight psychiatric residents from the Medical College of Georgia, Department of Psychiatry, provide evening and weekend coverage to

Harris Hospital. This relationship has proven to be extremely valuable, as four graduates of this psychiatric residency program have become full-time members of the hospital's medical staff.
Staff will continue to explore possibilities for methods to formalize and strengthen the relationship between Harris Hospital and the Medical College of Georgia, Department of Psychiatry.

Goals for FY 90-91 include:

* continue to stress excellence in clinical as well as administrative matters; develop a progressive hospital treatment program as well as a management system
* continue to receive certification from Health Care Financing Administration for participation in the Medicare/Medicaid reimbursement program
* recruit board eligible and board certified psychiatrists and other highly trained and skilled clinical and administrative staff
* continue an ongoing and progressive employee relations program and enhance retention of staff
* work with probate judges to ensure that patients receive appropriate care and treatment
* develop a positive community image with the public, advocacy groups, patients and their families, community mental health centers and Harris Hospital staff
* manage the census (not to exceed 165 patients per day) in an appropriate manner while providing quality care
* document the need for funding for the entire 206-bed complement
* manage the length of stay to the following - adult psychiatric patients, 17 days; child and adolescents, 85 days; substance abuse, 21 days and hearing impaired, 140 days
* focus on quality staff training and education which will include: a) strive to ensure that each employee averages 12 hours of training per year; b) serve as a clinical training site for registered nursing programs at Clemson University, Lander College, Piedmont Technical Collage and Tri-County Technical College; c) maintain a relationship with the University of Georgia Department of Education Psychology so that their graduate students rotate through Harris Hospital; d) continue to serve as a clinical site for graduate students of the University of S.C. Department of Social Work and Clemson University Department of Parks and Recreation; e) continue to serve as a site for the Anderson Memorial Hospital Family Practice Residency Program Behavioral Medicine rotation
* explore seeking certification from the Joint Commission on Accreditation of Healthcare Organizations.

**Morris Village**
**(Earle E. Morris Jr. Alcohol and Drug Addiction Treatment Center)**

This has been an eventful year for Morris Village. Major accomplishments included the introduction of a new program focus, the restructuring of the treatment delivery system, the implementation of a quality assurance program and the recruitment of several recovering persons for significant positions.

Plans include the continuation of the evaluation and improvement of the treatment program, further refinement of the organizational structure and the implementation of goals and objectives.

Accomplishments during FY 89-90 included:

* The goals to implement a treatment philosophy that reflects an understanding of chemical dependency as a primary illness rather than as a symptom of underlying pathology were fully realized. Morris Village will continue to provide on-going training and staff development to staff, and will continue to evaluate and fine-tune its treatment offerings. It should be noted that patients who completed an anonymous exit survey have favorably rated treatment now included in our program. This will continue as an on-going goal.
* The goal to provide a treatment program that integrates the 12 steps of AA and NA was implemented. The focus of all treatment groups, including group therapy, recovery dynamics, patient education, spirituality and activity therapy are all based upon these steps. The heavy emphasis upon Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, Co-dependency and other support groups encourages patients and staff to participate regularly. This is an on-going goal.
* The goal to provide a treatment program that emphasizes an interdisciplinary approach through the process of assessment, planning, treatment and referral to continuing care resources, was fully implemented. Treatment teams are truly interdisciplinary, with each team member, regardless of academic discipline, able to perform all team functions. Assessments are comprehensive and inform treatment planning. This is an on-going goal.
* Commitment to provide a medical record reflective of our interdisciplinary treatment approach which provides current and comprehensive documentation of patient's progression through treatment was recently implemented. The new inpatient medical records section is open. New record folders, a newly organized record as well as new documentation procedures have resulted in a medical record that is consistent with accreditation and quality assurance standards. The on-going focus will be on the continued improvement of the record and on the quality and appropriateness of the content of medical records documentation.

* The goal of redefining the role and function of Morris Village in ways that are consistent with the changing direction of the department was implemented. One significant step was the recruitment of a treatment coordinator who will be responsible for treatment services. This will allow the assistant director more time to devote to administrative duties, and to coordinate efforts with community mental health centers, local commissions on alcohol and drug abuse and Probate Courts.
* With respect to goals addressing staff recruitment, training and enhancement, significant progress has been made. As stated earlier, several recovering individuals have been employed, a regular program of staff training and development has been implemented and nursing and patient management personnel have been recruited.
* With respect to the goal to develop and implement specialized program for dually diagnosed patient and a short-term relapse program, much preliminary preparation has been accomplished. A pilot relapse program consisting of 12 beds will be implemented using existing funded bed capacity during August 1990, and preparations continue for a program for the dually diagnosed patient.
* The goal to support and encourage research projects in the field of addictions has been postponed until such time as the treatment program can be fine-tuned and refined.
* Finally, Morris Village will continue to attempt to increase facility funding in order to recruit and develop well-trained and dedicated staff, and to enhance the treatment offering.

All of the above activities have resulted in staff feeling a greater sense of commitment, accomplishment and job satisfaction.

Major goals for FY 90-91 include:

* seek additional funds -- There are currently 144 functional beds available at Morris Village, which include 12 young adult beds. Current funding resources do not allow for opening any additional beds this fiscal year, nor for the expansion of the young adult program.
* achieve an appropriate balance between voluntary and involuntarily committed patient -- It appears that the average daily census of 139 for FY 1990, was acceptable.
* shorten the average length-of-stay -- With respect to the average length-of-stay, which for FY 89-90 was approximately 27 days, it is anticipated that this statistic will be affected in two ways. First, if the relapse program proves to be of value, and particularly if it is expanded, it will utilize a shorter length-of-stay than the regular treatment program. Further, in the process of fine-tuning our program we intend that the discharge date will be established at the time of treatment staffing rather than upon the date of admission or probate hearing. This will make the length-of-stay a clinical decision

that will focus upon the clinical needs of the patient. In either of these situations the average length-of-stay may be affected in either direction. Given this caveat, a length-of-stay for FY 90-91 of approximately 27 days is anticipated.

* commit to human resources -- a) continue to provide on-going staff development regarding the process of addiction and recovery; b) utilizing both in-service and community-based training and workshop experiences, ensure that each staff member receives a minimum of 20 hours of training annually; c) address training to the changing characteristics of Morris Village's population.
* continue and expand academic linkages -- During FY 89-90, three clinical pastoral education students, seven psychology students, one graduate student from the School of Social Work, 10 nursing students, and one graduate student from the School of Nursing worked at the Village. Morris Village intends to continue to support and expand opportunities to provide hands-on experiences for a variety of students. In addition, plans are to explore the possibilities of the following placements: a) secure a fellowship in addiction medicine; b) establish Morris Village as a possible rotation for family practice residents at Richland Memorial Hospital; and c) establish rotations for medical students of the University of South Carolina School of Medicine.
* continue efforts to recruit a psychiatrist with experience with addicted and dually diagnosed patients
* reduce staff turnover by 25 percent
* expend every effort to improve program evaluation and quality assurance activities in order to improve quality of care. To that end, all of the above referenced activities contribute.
* maintain current staff levels -- The budget for FY 90-91 allows Morris Village to maintain its current staff levels with only minimal growth. This will allow an acceptable, but not desirable, level of patient care. As noted above, sufficient monies are not available to reopen the 12 young adult beds or the 12 closed adult beds.
* pursue the recruitment of an auditor to assist clerks of court and other judicial personnel by monitoring county collections and reconciling them with the fines levied, since a significant part of Morris Village's revenue is derived from drug fine collections
* continue administrative reorganization -- The Village is undergoing an administrative reorganization to provide closer, more intense clinical and administrative supervision of the treatment program, and to expand the role of the assistant director to include additional administrative duties and ongoing liaison with community mental health centers, local alcohol and drug abuse commissions and Probate Courts.
* within the first quarter of this fiscal year, significantly increase Morris

Village's access to the management information system. The Village has previously been limited by lack of available ports at Bryan Psychiatric Hospital and has not been able to fully utilize management information systems.

* implement a significant part of the Morris Village capital development plan by July 1, 1991, to meet Department of Health and Environmental Control requirements. Due to the extensive modifications required to the infirmary and cottages, this will affect our census. These include:
    a) restore the exterior wood surfaces to protect the integrity and decor of the physical plant -- implementation date, 8/90; target completion date, 6/91
    b) equip three cottages for physically handicapped patients -- implementation date 9/90; target completion date, 6/91
    c) restore the iron trim surrounding the cottage windows -- implementation date, 8/90; target completion date, 12/91
    d) replace all cottage carpets and curtains -- implementation date, 8/90; target completion date, 9/90
    e) modify the physical plant to conform to DHEC codes -- implementation date, 8/90; target completion date, 6/91

**South Carolina State Hospital**

For FY 89-90 the S.C. State Hospital identified as its major goal the compliance with the U.S. Justice Department Consent Decree.

Additionally, other goals were to maintain compliance with the Joint Commission on Accreditation of Hospital Organizations, Quality Assurance and S.C. Department of Health and Environmental Control standards. Also, State Hospital goals included enhancement in patient care, with continuous improvement of the physical environment.

Our greatest accomplishment was to bring the Justice Department Consent Decree to an end during the latter part of June 1990. This was successfully accomplished through the tremendous effort and hard work from hospital staff along with the support and cooperation from the central office, administration, physical plant, and close cooperation with other facilities and the community mental health centers.

During February 1990, staff began to work on a beautification project with the overall goal of making significant improvements in the physical appearance of all the 19 hospital wards.

The Preston Building was targeted as the initial building to go through this beautification process. Funds that were saved through a reduction of pool nurse utilization as well as nursing overtime were diverted to fund this beautification project.

New drapes and were ordered for all hospital wards, and rugs were place in day room areas. Planters with fresh plants and flowers were

placed throughout the entire hospital. Refurbished furnishings of various attractive colors and an array of pictures and sound boards matching color schemes were placed on every ward. This beautification project included all patient-occupied areas as well as support areas within the different buildings.

Along with these environmental improvements, the State Hospital concentrated on patients' appearances. Tremendous improvements were made in the quality of clothing for the entire hospital population. An aggressive grooming program was initiated early in 1990 that included dining room manners and training by staff, who worked with patients during the meal hours.

All dining room areas were redecorated. Tables were refinished or replaced. Furniture was rearranged to encourage social interaction during meal hours.

There has been an increase in staff attention to keeping up the grounds. A no smoking policy was enacted, which encouraged all patients who smoke to limit smoking to particular hours during the day and to smoke in the courtyards, weather permitting. During bad weather, smoking is permitted in designated areas within the buildings that have adequate ventilation.

Improvements were also made on the patient-to-staff ratio including:

* a new director of professional services reported to duty July 2, 1990
* due to a significant reduction in the hospital census, the staff-to-patient ratio improved considerably. This reduction meets the requirements of the Justice Department and, in many cases, surpasses them. The quality of patient care was much improved.
* a centralized scheduling system was implemented in nursing service, resulting in much better quality control, better control over staffing throughout all the hospital wards and significant savings in pool nurse utilization as well as in overtime for mental health specialists.
* The State Hospital was notified by the Joint Commission on Accreditation of Hospital Organizations that the hospital had been awarded a three-year accreditation. This was also a tremendous accomplishment for the State Hospital staff.
* A significant event occurred on Aug. 17, 1989, when the Williams Building ceased to be the admissions unit for S.C. State Hospital. All admissions that previously came to the hospital now go to the acute psychiatric facilities within the department (G. Werber Bryan Psychiatric Hospital, William S. Hall Psychiatric Institute, both in Columbia, and Patrick Harris Psychiatric Hospital in Anderson). All patients are admitted to the S.C. State Hospital as transfers from these acute psychiatric facilities. This change in programs better clarifies the mission of the State Hospital as the "chronic long term psychiatric facility" for the department for patients ages 18 to 59.

With the mission of the State Hospital clarified, as well as the improve-

ments in staffing patterns and the physical environment, the morale in the State Hospital has risen.

Another factor instrumental in the reduction in census has been the close relationship that the hospital has developed with the community mental health system.

Pilot projects were initiated with the Charleston Area Mental Health Center and the Columbia Area Mental Health Center whereby patients from the State Hospital, who have had previous difficulty adapting to a community care home, were placed on a "pass status" from the hospital. This gives the community care home operators and the community mental health center an opportunity to work closely with those patients and make their adaptation to a community setting a successful one.

Also during this fiscal year, State Hospital came into compliance with practically all of the DHEC standards.

The hospital census was 624 as of June 30, 1989. At the end of FY 89-90, on June 30, 1990, the hospital census was 541.

**Tucker Center**
**(C.M. Tucker Jr. Human Resources Center)**

The past fiscal year has been one of major changes for Tucker Center. The mission of the center was clarified. Only patients from other inpatient facilities and military veterans certified by the Veterans Administration are to be admitted to Tucker Center.

Following is a list of major goals and accomplishments for FY 89-90:

* complete the fiscal year within the budget. Tucker Center successfully attained and exceeded this goal with a budgetary surplus at the end of the fiscal year of approximately $500,000. The center significantly reduced expenditures for pool nursing personnel and overtime usage, and maximized resources by discharging residents who did not meet intermediate or skilled care requirements.
* enhance the quality of care and life for residents. A computerized pharmacy system was implemented, which greatly enhanced pharmaceutical service delivery and overall medication management for residents. The nursing staff-to-residents ratios were im proved significantly by reassignment of experienced personnel. Environmental changes were accomplished, and outdoor areas made more functional and accessible. A more home-like environment for residents was attained through additional furniture and decorations for resident room. Curtains, individualized clothing and further improvements are planned for FY 90-91.
* maintain the structural integrity of the physical plant to provide a safe and liveable environment. A major renovation of the entire facility is scheduled to be done during FY 90-91.
* enhance the academic affiliations of departments and services.

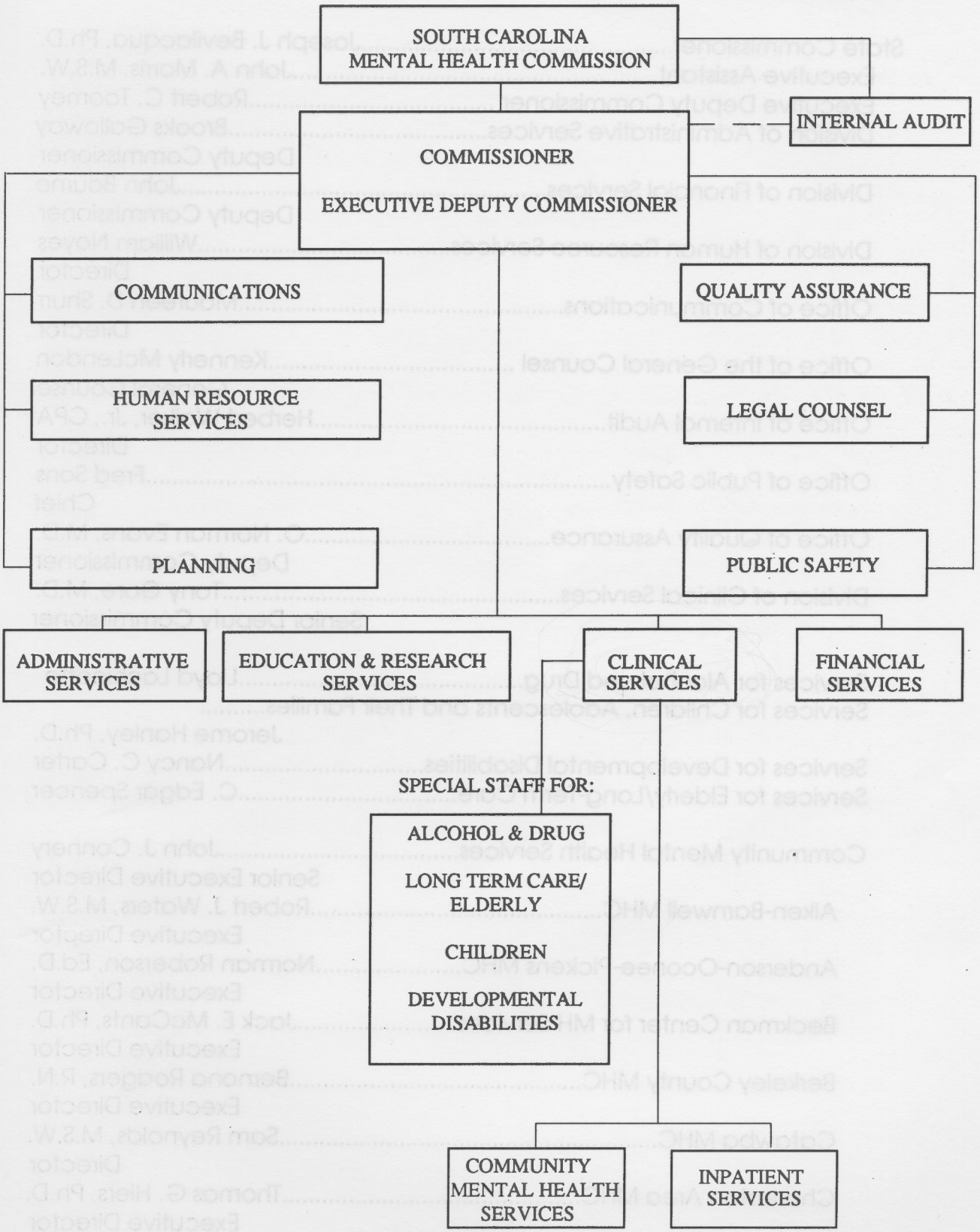
Tucker Center has established a graduate nurse intern program and re-established the undergraduate nursing rotation, a rotation in physical diagnosis for medical students and is developing a geriatric fellowship training program and a physician geriatric residency rotation in affiliation with the University of South Carolina School of Medicine. There were student placements in social work, activity therapy, pastoral education and occupational therapy for academic training at the Center.

The major barrier to providing the best quality of care has been recruitment and retention of licensed nurses who are responsible for resident assessment and treatment planning. Extensive efforts will be placed in the next fiscal year to improve the recruitment and retention of licensed nursing personnel.

Major goals for FY 90-91 include:

* complete the fiscal year within the appropriated budget. Because of inadequate revenues, spending may have to be reduced by closing additional wards and dropping the resident census.
* further enhance the quality of care and life for residents through improved activities, clothing, amenities and structural environment.
* complete the capital improvement renovation of both resident buildings of the center
* expand training opportunities and academic affiliations to enhance professional development.

# ORGANIZATIONAL CHART




October 1989

## SCDMH EXECUTIVE STAFF

State Commissioner.....Joseph J. Bevilacqua, Ph.D.
Executive Assistant.....John A. Morris, M.S.W.
Executive Deputy Commissioner .....Robert C. Toomey
Division of Administrative Services.....Brooks Galloway
Deputy Commissioner
Division of Financial Services.....John Bourne
Deputy Commissioner
Division of Human Resource Services.....William Noyes
Director
Office of Communications.....Maureen D. Shurr
Director
Office of the General Counsel .....Kennerly McLendon
General Counsel
Office of Internal Audit.....Herbert Walker, Jr., CPA
Director
Office of Public Safety.....Fred Sons
Chief
Office of Quality Assurance.....O. Norman Evans, M.D.
Deputy Commissioner
Division of Clinical Services.....Tony Gore, M.D.
Senior Deputy Commissioner

Services for Alcohol and Drug.....Lloyd Lachicotte
Services for Children, Adolescents and Their Families.....
Jerome Hanley, Ph.D.
Services for Developmental Disabilities.....Nancy C. Carter
Services for Elderly/Long-Term Care.....C. Edgar Spencer

Community Mental Health Services.....John J. Connery
Senior Executive Director
Aiken-Barnwell MHC.....Robert J. Waters, M.S.W.
Executive Director
Anderson-Oconee-Pickens MHC.....Norman Roberson, Ed.D.
Executive Director
Beckman Center for MH Services.....Jack E. McCants, Ph.D.
Executive Director
Berkeley County MHC.....Bernona Rodgers, R.N.
Executive Director
Catawba MHC.....Sam Reynolds, M.S.W.
Director
Charleston Area MHC.....Thomas G. Hiers, Ph.D.
Executive Director

Coastal Empire MHC.....Ramon Norris, M.S.
Executive Director
Columbia Area MHC.....Kemper Breeding, M.A.
Executive Director
Greenville MHC.....Norman Desrosiers, M.D.
Director
Lexington County MHC.....Malcolm Stasiowski, M.S.W.
Executive Director
Orangeburg Area MHC.....Thomas E. Foley, M.A.
Executive Director
Pee Dee MHC.....Charles E. Bevis, Ph.D.
Executive Director
Piedmont Center for MH Services.....Joe James
Executive Director
Santee-Wateree MHC.....William P. Parker, M.S.W.
Executive Director
Spartanburg Area MHC.....William S. Powell, M.D.
Director
Tri-County MHC.....Janice Rozier, M.S.W.
Executive Director
Waccamaw Center for MH.....James W. Pearson, Ed.D.
Executive Director

Inpatient Services

Bryan Hospital.....Sidney G. Alston, M.D.
Director
Byrnes Medical Center.....John R. Simmons, M.D.
Director
Crafts-Farrow State Hospital.....L.Gregory Pearce
Director
Dowdy-Gardner Nursing Care Center.....Shielda Friendly, N.H.A.
Director
Hall Institute.....Alexander G. Donald, M.D.
Director
Harris Hospital.....James P. Anderson
Director
Morris Village.....Lloyd Lachicotte
Director
S.C. State Hospital.....Jaime E. Condom, M.D.
Director
Tucker Center.....Lee Woodbury, V. M.D.
Director

## SC Department of Mental Health Expenditures
## Fiscal Year 1990

| | Personal Services | Employer Contributions | Other | Total |
|---|---|---|---|---|
| Administration | 6,352,209 | 1,370,704 | 1,659,011 | 9,381,924 |
| Public Safety | 2,575,653 | 670,585 | 70,224 | 3,316,462 |
| Support Services | 8,849,842 | 2,218,719 | 5,999,244 | 17,067,805 |
| SC State Hospital | 17,696,115 | 4,024,451 | 5,113,315 | 26,833,881 |
| Crafts-Farrow | 13,249,506 | 3,012,436 | 3,823,725 | 20,085,667 |
| ICF-MR | 1,485,498 | 388,397 | 203,760 | 2,077,655 |
| Bryan Hospital | 8,707,554 | 1,947,178 | 2,052,567 | 12,707,299 |
| Byrnes Medical Center | 6,216,110 | 1,392,533 | 3,491,376 | 11,100,019 |
| Dowdy-Gardner | 4,781,006 | 1,206,023 | 8,860,893 | 14,847,922 |
| Harris Hospital | 6,690,463 | 1,583,956 | 2,342,847 | 10,617,266 |
| Hall Institute | 11,384,158 | 2,539,803 | 4,061,952 | 17,985,913 |
| Tucker Center | 7,944,973 | 1,944,644 | 3,010,423 | 12,900,040 |
| Campbell Nursing Home | 24,960 | 2,472 | 41,729 | 69,161 |
| Morris Village | 3,648,267 | 843,761 | 903,863 | 5,395,891 |
| Alcohol Contracts | | | 396,000 | 396,000 |
| Community Mental Health | | | | |
| Projects & Grants | 742,902 | 103,108 | 1,813,811 | 2,659,821 |
| Autism | 1,007,657 | 222,898 | 641,946 | 1,872,501 |
| Psychosocial | 862,567 | 203,412 | 432,723 | 1,498,702 |
| MH Centers | 29,020,789 | 6,656,295 | 17,268,194 | 52,945,278 |
| Shearouse Pavilion | 476,992 | 111,352 | 180,097 | 768,441 |
| Total Mental Health | 131,717,221 | 30,442,727 | 62,367,700 | 224,527,648 |

## Departmental Hospitals Operating Expenditures, Average Populations and Average Cost Per Patient

Fiscal Year 1990

(Hall Institute not included)

| Facility | Total Expenditures (Millions) FY 90 | Average Daily Population FY 88 | Average Daily Population FY 90 | Average Annual Cost Per Patient FY 90 | Average Daily Cost Per Patient FY 90 |
|---|---|---|---|---|---|
| **Psychiatric** | | | | | |
| Short Term Intensive | | | | | |
| Harris | $10.62 | 171 | 152 | $69,868 | $191.42 |
| Bryan | 12.71 | 225 | 191 | 66,545 | 182.31 |
| Chronic | | | | | |
| SCSH | 26.83 | 658 | 588 | 45,629 | 125.01 |
| CFSH | 20.09 | 528 | 498 | 40,341 | 110.52 |
| **Specialty** | | | | | |
| Morris Village (A&D) | 5.40 | 208 | 166 | 32,530 | 89.12 |
| Byrnes (Med/Surg) | 11.10 | 101 | 93 | 119,355 | 327.00 |
| **Long Term Nursing Care** | | | | | |
| Tucker | 12.90 | 600 | 482 | 26,763 | 73.32 |
| DGNCC | 14.85 | 572 | 550 | 27,000 | 73.97 |
| VA - Campbell | —— | —— | —— | —— | —— |
| **Hospital Totals** | 114.50 | 3063 | 2720 | 42,096 | 115.33 |
| | Rounded | | | Exact | |

## Community Mental Health Center Expenditures and Source of Revenue
Fiscal Year 1990

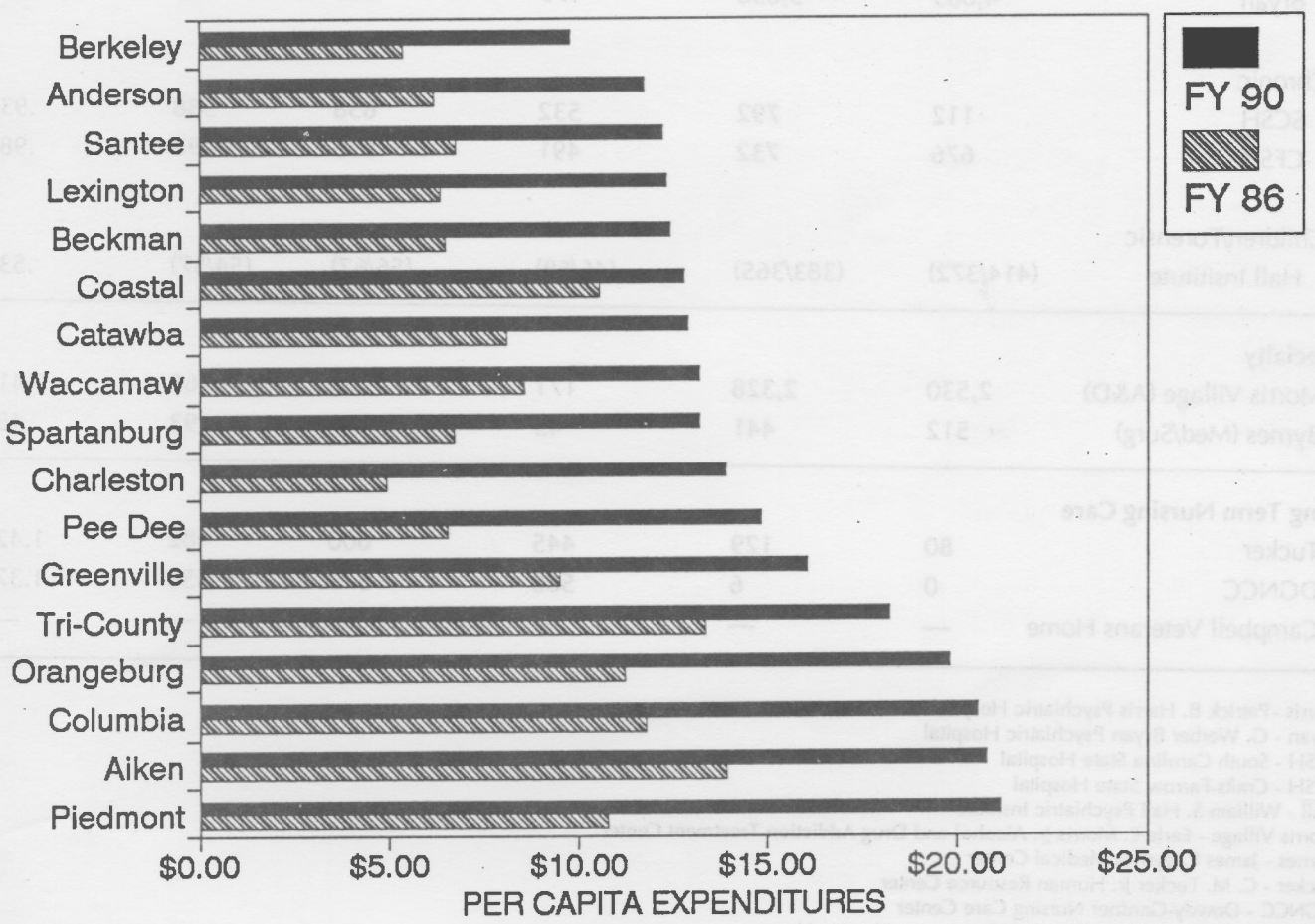
| Community Mental Health Center | Population | FY 90 Expenditures (millions) | Funding Per Capita | Federal Per Capita Funding | % of Total Expenditures |
|---|---|---|---|---|---|
| Aiken | 143,802 | $2.99 | $20.78 | $1.07 | 5 |
| Anderson | 296,441 | 3.47 | 11.70 | .94 | 8 |
| Beckman | 222,950 | 2.77 | 12.43 | .99 | 8 |
| Berkeley | 143,156 | 1.40 | 9.77 | .38 | 4 |
| Catawba | 216,268 | 2.79 | 12.89 | 1.53 | 12 |
| Charleston | 401,329 | 5.57 | 13.88 | 1.88 | 14 |
| Coastal Empire | 189,901 | 2.44 | 12.82 | .94 | 7 |
| Columbia | 320,329 | 6.58 | 20.54 | 2.23 | 11 |
| Greenville | 182,433 | 2.93 | 16.05 | 1.88 | 12 |
| Lexington | 174,449 | 2.15 | 12.31 | .44 | 4 |
| Orangeburg | 122,351 | 2.42 | 19.82 | 2.93 | 15 |
| Pee Dee | 222,210 | 3.30 | 14.86 | 1.09 | 7 |
| Piedmont | 137,564 | 2.91 | 21.15 | 2.39 | 11 |
| Santee | 196,388 | 2.41 | 12.25 | 1.24 | 10 |
| Spartanburg | 290,326 | 3.84 | 13.21 | 1.48 | 11 |
| Tri County | 109,143 | 1.99 | 18.25 | 1.87 | 10 |
| Waccamaw | 250,224 | 3.30 | 13.21 | 1.57 | 12 |
| Statewide: | 3,619,264 | $53.25 | $14.71 | $1.47 | 10 |
| Range | | | ($9.77 - $21.15) | ($.44 - $2.93) | ($4 - $15) |

| State Per Capita Funding | % of Total Expenditures | Paying Pt Per Capita Funding | % of Total Expenditures | Local Per Capita Funding | % of Total Expenditures |
|---|---|---|---|---|---|
| $12.49 | 60 | $1.29 | 6 | $5.93 | 29 |
| 6.92 | 59 | .51 | 4 | 3.32 | 28 |
| 7.98 | 64 | .41 | 3 | 3.05 | 25 |
| 6.67 | 68 | .42 | 4 | 2.29 | 24 |
| 7.55 | 59 | 1.06 | 8 | 2.75 | 21 |
| 7.43 | 54 | .63 | 5 | 3.94 | 28 |
| 6.90 | 54 | .87 | 7 | 4.11 | 32 |
| 9.90 | 48 | 1.44 | 7 | 6.96 | 34 |
| 7.91 | 49 | 1.23 | 8 | 5.03 | 31 |
| 8.13 | 66 | .59 | 5 | 3.15 | 26 |
| 10.10 | 51 | 1.17 | 6 | 5.62 | 28 |
| 8.20 | 55 | .86 | 6 | 4.71 | 32 |
| 11.55 | 55 | .67 | 3 | 6.54 | 31 |
| 7.40 | 60 | .93 | 8 | 2.67 | 22 |
| 6.68 | 51 | .87 | 7 | 4.18 | 32 |
| 9.98 | 55 | 1.06 | 6 | 5.33 | 29 |
| 6.90 | 52 | 1.02 | 8 | 3.71 | 28 |
| $8.12 | 55 | $.87 | 6 | $4.25 | 29 |
| ($6.67 - $12.49) | ($48 - $68) | (.41 - 1.44) | (3 - 8) | ($2.29 - $6.96) | ($21 - $34) |

S.C. DEPARTMENT OF MENTAL HEALTH
MENTAL HEALTH CENTER COMPARISON

| | EXPENDITURES | | GROWTH | | PERMANENT FTE'S | | GROWTH | | PER CAPITA FUNDING | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 86 | FY 90 | $ | % | FY 86 | FY 90 | # | % | FY 86 | FY 90 |
| Aiken | 1,889,252 | 2,988,443 | 1,099,191 | 58.18% | 46 | 68 | 22 | 47.83% | $13.95 | $20.78 |
| Anderson | 1,736,598 | 3,467,662 | 1,731,064 | 99.68% | 39 | 79 | 40 | 102.56% | $6.20 | $11.70 |
| Beckman | 1,377,596 | 2,771,964 | 1,394,368 | 101.22% | 30 | 74 | 44 | 146.67% | $6.48 | $12.43 |
| Berkeley | 654,484 | 1,398,123 | 743,639 | 113.62% | 17 | 39 | 22 | 129.41% | $5.38 | $9.77 |
| Catawba | 1,663,600 | 2,787,670 | 1,124,070 | 67.57% | 37 | 66 | 29 | 78.38% | $8.08 | $12.89 |
| Charleston | 1,841,625 | 5,569,252 | 3,727,627 | 202.41% | 38 | 108 | 70 | 184.21% | $4.95 | $13.88 |
| Coastal | 1,730,921 | 2,435,320 | 704,399 | 40.70% | 38 | 55 | 17 | 44.74% | $10.56 | $12.82 |
| Columbia | 3,606,158 | 6,579,756 | 2,973,598 | 82.46% | 75 | 153 | 78 | 104.00% | $11.80 | $20.54 |
| Greenville | 1,694,225 | 2,928,132 | 1,233,907 | 72.83% | 39 | 68 | 29 | 74.36% | $9.49 | $16.05 |
| Lexington | 1,018,300 | 2,147,518 | 1,129,218 | 110.89% | 14 | 47 | 33 | 235.71% | $6.36 | $12.31 |
| Orangeburg | 1,317,802 | 2,424,760 | 1,106,958 | 84.00% | 35 | 51 | 16 | 45.71% | $11.24 | $19.82 |
| Pee Dee | 1,416,504 | 3,301,232 | 1,884,728 | 133.05% | 32 | 92 | 60 | 187.50% | $6.55 | $14.86 |
| Piedmont | 1,388,362 | 2,909,306 | 1,520,944 | 109.55% | 31 | 56 | 25 | 80.65% | $10.79 | $21.15 |
| Santee | 1,255,756 | 2,405,415 | 1,149,659 | 91.55% | 36 | 64 | 28 | 77.78% | $6.76 | $12.25 |
| Spartanburg | 1,893,488 | 3,835,609 | 1,942,121 | 102.57% | 48 | 89 | 41 | 85.42% | $6.70 | $13.21 |
| Tri-County | 1,371,494 | 1,991,535 | 620,041 | 45.21% | 37 | 50 | 13 | 35.14% | $13.35 | $18.25 |
| Waccamaw | 1,876,956 | 3,304,848 | 1,427,892 | 76.07% | 49 | 82 | 33 | 67.35% | $8.55 | $13.21 |
| | 27,733,121 | 53,246,545 | 25,513,424 | 92.00% | 641 | 1241 | 600 | 93.60% | $8.19 | $14.71 |

## CMHC - PER CAPITA EXPENDITURES



## Admissions, Discharges, Population, and Staffing Level at Departmental Hospitals
Fiscal Year 1990

| Facility | FY 90 Admissions | FY 90 Discharges | FY 90 Year End Population | Average Daily Population FY 88 | Average Daily Population FY 90 | Clinical Staff to Patient Ratio FY 90* |
|---|---|---|---|---|---|---|
| **Psychiatric** | | | | | | |
| Short Term Intensive | | | | | | |
| Harris | 2,754 | 2,560 | 152 | 171 | 152 | .64 |
| Bryan | 4,083 | 3,658 | 179 | 225 | 191 | .58 |
| Chronic | | | | | | |
| SCSH | 112 | 792 | 532 | 658 | 588 | .93 |
| CFSH | 676 | 732 | 491 | 528 | 498 | .98 |
| Children/Forensic | | | | | | |
| Hall Insititute | (414/372) | (383/365) | (46/59) | (56/67) | (54/57) | .53 |
| **Specialty** | | | | | | |
| Morris Village (A&D) | 2,530 | 2,328 | 171 | 208 | 166 | 1.41 |
| Byrnes (Med/Surg) | 512 | 441 | 45 | 101 | 93 | .45 |
| **Long Term Nursing Care** | | | | | | |
| Tucker | 80 | 129 | 445 | 600 | 482 | 1.42 |
| DGNCC | 0 | 6 | 508 | 572 | 550 | 1.37 |
| Campbell Veterans Home | — | — | — | — | — | — |

Harris - Patrick B. Harris Psychiatric Hospital
Bryan - G. Werber Bryan Psychiatric Hospital
SCSH - South Carolina State Hospital
CFSH - Crafts-Farrow State Hospital
Hall - William S. Hall Psychiatric Institute
Morris Village - Earle E. Morris Jr. Alcohol and Drug Addiction Treatment Center
Byrnes - James F. Byrnes Medical Center
Tucker - C. M. Tucker Jr. Human Resource Center
DGNCC - Dowdy-Gardner Nursing Care Center
Campbell - Richard Michael Campbell Veterans Nursing Home

**Source** - QASAM Facilities Report 2 July 90

## Inpatient Days by Catchment Area
## Fiscal Year 1990

| | Psychiatric Hospitals | Morris Village | Nursing Care | Byrnes | Outside Medical | Patient Days |
|---|---|---|---|---|---|---|
| Aiken | 1,633 | 87 | 1,341 | 62 | 7 | 3,130 |
| Catawba | 2,391 | 183 | 2,029 | 143 | 36 | 4,782 |
| Columbia | 7,159 | 545 | 6,483 | 551 | 68 | 14,806 |
| Lexington | 2,300 | 215 | 2,793 | 217 | 38 | 5,563 |
| A-O-P | 2,938 | 276 | 1,353 | 65 | 7 | 4,639 |
| Beckman | 2,996 | 222 | 1,594 | 93 | 8 | 4,913 |
| Greenville/Piedmont | 4,919 | 279 | 1,957 | 206 | 38 | 7,399 |
| Spartanburg | 4,042 | 567 | 2,907 | 356 | 32 | 7,904 |
| Pee Dee | 2,742 | 178 | 1,280 | 80 | 0 | 4,280 |
| Santee | 1,899 | 368 | 1,776 | 158 | 0 | 4,201 |
| Tri-County | 2,411 | 261 | 836 | 100 | 9 | 3,617 |
| Waccamaw | 2,679 | 127 | 751 | 81 | 8 | 3,646 |
| Berkeley | 821 | 106 | 300 | 27 | 0 | 1,254 |
| Charleston | 3,640 | 500 | 1,316 | 78 | 2 | 5,536 |
| Coastal | 1,363 | 76 | 624 | 42 | 0 | 2,105 |
| Orangeburg | 1,804 | 309 | 925 | 90 | 4 | 3,132 |
| Total | 45,737 | 4,299 | 28,265 | 2,349 | 257 | 80,907 |

## Community Mental Health Center Admissions, Discharges, Caseloads and Days of State Hospital Services Used

Fiscal Year 1990

| Community Mental Health Center | Admissions* | Discharges* | End of Period Caseload*[1] | Days of State Hospital Used | Days of State Hospital Use Per 100,000 |
|---|---|---|---|---|---|
| Region A | | | | | |
| Aiken | 1,129 | 1,026 | 1,069 | 35,527 | 24,705 |
| Catawba | 926 | 777 | 1,172 | 64,025 | 29,604 |
| Columbia | 3,651 | 3,600 | 3,763 | 184,357 | 57,552 |
| Lexington | 596 | 733 | 935 | 66,471 | 38,103 |
| Region B | | | | | |
| A-O-P | 2,327 | 2,140 | 2,293 | 59,309 | 20,007 |
| Beckman | 1,787 | 1,752 | 1,597 | 62,010 | 27,813 |
| Greenville/Piedmont | 3,147 | 2,921 | 3,484 | 94,888 | 29,652 |
| Spartanburg | 2,255 | 1,732 | 3,063 | 96,313 | 33,174 |
| Region C | | | | | |
| Pee Dee | 3,561 | 2,998 | 3,440 | 57,388 | 25,826 |
| Santee-Wateree | 1,247 | 1,138 | 1,965 | 51,822 | 26,387 |
| Tri-County | 718 | 953 | 1,177 | 45,034 | 41,261 |
| Waccamaw | 1,771 | 1,812 | 2,013 | 43,220 | 17,272 |
| Region D | | | | | |
| Berkeley | 619 | 555 | 1,006 | 14,537 | 10,154 |
| Charleston | 1,260 | 1,154 | 1,649 | 66,643 | 16,605 |
| Coastal Empire | 1,086 | 948 | 1,038 | 27,571 | 14,518 |
| Orangeburg | 975 | 806 | 1,423 | 39,300 | 32,120 |
| Total | 27,055 | 25,045 | 31,087 | 1,008,467 | 27,863 |

[1] End of period caseload is the number of people who were on the center's caseload as of April 1990.

*Estimated based upon performance through April 1990

## Caseload of Community Mental Health Centers By Population Category
Fiscal Year 1988 Vs. Fiscal Year 1990

| Community Mental Health Center | Psychiatrically Disabled | | Adult Out Patient | | Emotionally Disturbed Child & Adolescent | | C&A Out Patient | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | FY 88 | FY 90 | FY 88 | FY 90 | FY 88 | FY 90 | FY 88 | FY 90 | FY 88 | FY 90 |
| Aiken-Barnwell | 218 | 332 | 609 | 470 | 138 | 22 | 209 | 245 | 1,256 | 1,069 |
| Anderson | 291 | 760 | 692 | 1,059 | 259 | 88 | 279 | 386 | 1,630 | 2,293 |
| Beckman | 581 | 837 | 739 | 580 | 206 | 24 | 155 | 156 | 1,900 | 1,597 |
| Berkeley | 436 | 440 | 322 | 304 | 135 | 206 | 149 | 56 | 1,206 | 1,006 |
| Catawba | 436 | 518 | 466 | 464 | 200 | 162 | 221 | 28 | 1,487 | 1,172 |
| Charleston | 581 | 979 | 505 | 314 | 361 | 290 | 183 | 66 | 1,849 | 1,649 |
| Coastal | 218 | 491 | 419 | 354 | 167 | 40 | 195 | 153 | 1,081 | 1,038 |
| Columbia | 1,162 | 2,337 | 1,699 | 856 | 277 | 553 | 415 | 17 | 3,991 | 3,763 |
| Greenville | 581 | 862 | 766 | 746 | 174 | 419 | 388 | 127 | 2,128 | 2,154 |
| Lexington | 436 | 468 | 492 | 325 | 154 | 118 | 206 | 24 | 1,452 | 935 |
| Orangeburg | 218 | 594 | 888 | 560 | 124 | 60 | 220 | 209 | 1,532 | 1,423 |
| Pee Dee | 291 | 1,552 | 638 | 1,251 | 230 | 111 | 260 | 526 | 1,528 | 3,440 |
| Piedmont | 218 | 288 | 694 | 625 | 131 | 200 | 314 | 217 | 1,439 | 1,330 |
| Santee Wateree | 726 | 1,171 | 704 | 476 | 198 | 216 | 240 | 102 | 2,142 | 1,965 |
| Spartanburg | 1,308 | 1,265 | 1,098 | 1,402 | 266 | 385 | 262 | 11 | 3,417 | 3,063 |
| Tri County | 508 | 524 | 679 | 405 | 113 | 137 | 231 | 111 | 1,723 | 1,177 |
| Waccamaw | 291 | 761 | 905 | 900 | 220 | 195 | 341 | 157 | 1,866 | 2,013 |
| State Total | 8,500* | 14,179 | 12,315 | 11,091 | 3,353** | 3,226 | 4,268 | 2,591 | 31,636 | 31,087 |
| % Of Total | 27 | 46 | 39 | 36 | 11 | 10 | 13 | 6 | | |

*Adjusted in 1989 based upon inventory and new definition from 11700
**Estimate of need. Adjusted in 1989 based upon actual performance to 1821

## Hours of Clinical Services Provided by Community Mental Health Centers and Average Cost per Hour

Calendar Year 1989

| Community Mental Health Center | Crisis Mgt. | Assessment | Ind. Therapy | Family Therapy | Group Therapy | Activity Therapy* | Group Living Skills* | Structured Int. Care* |
|---|---|---|---|---|---|---|---|---|
| **Region A** | | | | | | | | |
| Aiken | 1,707 | 2,226 | 6,384 | 1,127 | 287 | 403 | 8,912 | 0 |
| Catawba | 2,653 | 3,320 | 3,243 | 269 | 440 | 1,507 | 5,333 | 1,790 |
| Columbia | 797 | 5,348 | 7,481 | 2,095 | 633 | 3,556 | 15,409 | 6,414 |
| Lexington | 586 | 1,501 | 4,120 | 544 | 753 | 542 | 8,208 | 1 |
| **Region B** | | | | | | | | |
| A-O-P | 472 | 2,741 | 3,446 | 811 | 1,205 | 1,453 | 5,347 | 3,001 |
| Beckman | 584 | 2,251 | 5,762 | 495 | 81 | 2,020 | 9,496 | 0 |
| Greenville | 157 | 2,955 | 5,362 | 1,806 | 943 | 1,242 | 498 | 3,038 |
| Piedmont | 416 | 2,829 | 7,608 | 1,205 | 182 | 1,105 | 7,135 | 6 |
| Spartanburg | 825 | 3,454 | 7,489 | 978 | 1,175 | 208 | 3,476 | 1,444 |
| **Region C** | | | | | | | | |
| Pee Dee | 578 | 2,709 | 5,623 | 616 | 965 | 461 | 12,816 | 8,213 |
| Santee-Wateree | 435 | 3,019 | 4,461 | 2,180 | 303 | 768 | 7,584 | 1,751 |
| Tri-County | 398 | 1,945 | 2,965 | 225 | 145 | 4,682 | 2,656 | 15 |
| Waccamaw | 2,143 | 3,965 | 7,762 | 1,561 | 883 | 549 | 14,537 | 8 |
| **Region D** | | | | | | | | |
| Berkeley | 1,282 | 1,659 | 1,836 | 873 | 1,048 | 227 | 7,025 | 2,141 |
| Charleston | 1,171 | 5,015 | 4,250 | 1,789 | 2,176 | 2,100 | 9,132 | 0 |
| Coastal Empire | 431 | 2,551 | 3,771 | 1,199 | 315 | 61 | 12,083 | 0 |
| Orangeburg | 1,195 | 1,382 | 5,307 | 761 | 1,115 | 0 | 9,124 | 1,702 |
| **The State** | 15,829 | 48,871 | 86,873 | 18,536 | 12,650 | 20,883 | 138,768 | 29,523 |
| **% of Total** | 3 | 8 | 15 | 3 | 2 | 4 | 24 | 5 |

*These services are primarily provided to seriously mentally ill clients

| Group Activity/ Assessment* | Medication Admin.* | Medication Monitoring* | Psych/Med Assess.* | Case Coordination* | Basic Living Skills* | Ind. Living Skills* | Total Clinical Hours | Average Cost Per Hour |
|---|---|---|---|---|---|---|---|---|
| 0 | 381 | 873 | 1,199 | 2,865 | 11,904 | 1,152 | 39,419 | 63 |
| 207 | 306 | 28 | 3,339 | 2,944 | 2,937 | 410 | 28,724 | 91 |
| 15 | 1,098 | 871 | 10,462 | 7,902 | 0 | 1,981 | 64,063 | 94 |
| 667 | 386 | 229 | 2,257 | 1,968 | 4,590 | 211 | 26,561 | 85 |
| 1,014 | 489 | 365 | 1,199 | 1,644 | 7,288 | 2 | 30,478 | 100 |
| 491 | 531 | 688 | 3,612 | 4,525 | 0 | 81 | 30,617 | 75 |
| 737 | 421 | 753 | 2,890 | 617 | 1,380 | 5 | 22,803 | 115 |
| 108 | 177 | 286 | 2,313 | 2,740 | 19,869 | 0 | 45,980 | 63 |
| 141 | 1,027 | 263 | 2,914 | 4,453 | 3,138 | 133 | 31,118 | 103 |
| 30 | 758 | 2,669 | 2,438 | 1,808 | 0 | 28 | 39,713 | 77 |
| 1,153 | 1,636 | 2,308 | 1,852 | 2,262 | 16 | 415 | 30,143 | 74 |
| 142 | 383 | 369 | 1,881 | 2,001 | 16 | 2 | 17,825 | 91 |
| 1,361 | 998 | 508 | 3,229 | 4,608 | 16 | 393 | 42,520 | 63 |
| 6 | 189 | 95 | 2,920 | 2,878 | 7 | 1 | 22,188 | 59 |
| 0 | 1,154 | 1,537 | 8,823 | 15,782 | 0 | 9,663 | 62,593 | 70 |
| 1 | 693 | 771 | 2,278 | 3,012 | 1 | 0 | 27,166 | 78 |
| 88 | 819 | 1,389 | 2,347 | 1,931 | 0 | 708 | 27,866 | 73 |
| 6,157 | 11,447 | 14,000 | 55,952 | 63,940 | 51,163 | 15, 185 | 589,777 | 79 |
| 1 | 2 | 2 | 9 | 11 | 9 | 2 | | |

# Psychiatric Hospital Admissions Rates per 100,000 Population for Fiscal Year 89-90

| Community Mental Health Center | FY 89 Rate | FY 90 # of Adms | FY 90 Rate | Variance |
|---|---|---|---|---|
| Region A | 254.3 | 2,207 | 25.82 | 1.5 % |
| Aiken | 142.3 | 177 | 123.1 | -13.5 |
| Catawba | 169.4 | 409 | 189.1 | 11.6 |
| Columbia | 376.6 | 1,254 | 391.5 | 3.9 |
| Lexington | 226.3 | 367 | 210.4 | -7.0 |
| Region B | 217.8 | 2,778 | 245.9 | 12.9 |
| A-O-P | 188.1 | 614 | 207.1 | 10.1 |
| Beckman | 226.0 | 504 | 226.1 | 0.0 |
| Greenville/Piedmont | 235.2 | 907 | 283.4 | 20.5 |
| Spartanburg | 222.4 | 753 | 259.4 | 16.6 |
| Region C | 215.8 | 1,687 | 2,16.8 | 0.5 |
| Pee Dee | 258.3 | 588 | 2,64.6 | 2.4 |
| Santee-Wateree | 142.7 | 302 | 1,53.8 | 7.8 |
| Tri-County | 354.5 | 371 | 3,39.9 | -4.1 |
| Waccamaw | 173.8 | 426 | 1,70.2 | -2.0 |
| Region D | 146.4 | 1,162 | 1,35.6 | -7.4 |
| Berkeley | 92.5 | 131 | 91.5 | -1.1 |
| Charleston | 170.2 | 584 | 1,45.5 | -14.5 |
| Coastal Empire | 121.1 | 228 | 1,20.1 | -0.9 |
| Orangeburg | 168.9 | 219 | 1,79.0 | 6.0 |
| The State | 209.2 | 7,834 | 2,16.5 | 3.5 |

**SCDMH Psychiatric Admissions:**
Includes all admissions to SCSH, CFSH & Bryan.
Includes admissions to Harris on psych. papers.
Includes Children's Unit admissions at WSHPI.
Includes Santee-Wateree Non-Forensic admissions to WSHPI.
The number of admissions is the number of total admissions.
The admission rates are annualized.
The variance is the percentage difference between the FY 89 and the FY 90 rates.
An estimate of the 1990 population is used to calculate the admission rates.

## Psychiatric Readmission Rates to Psychiatric Hospitals for Fiscal Year 1990

| | FY 89 | FY 90 | | |
|---|---|---|---|---|
| | Rate | # of Adms | Rate | Variance |
| Region A | 62.7 % | 1,471 | 66.7 % | 4.0 % |
| Aiken | 59.4 | 103 | 58.2 | -1.2 |
| Catawba | 53.6 | 260 | 63.6 | 10.0 |
| Columbia | 66.8 | 899 | 71.1 | 4.9 |
| Lexington | 60.5 | 209 | 56.9 | -3.6 |
| Region B | 51.3 | 1,505 | 54.2 | 2.9 |
| A-O-P | 48.8 | 316 | 51.5 | 2.7 |
| Beckman | 53.8 | 292 | 57.9 | 4.1 |
| Greenville/Piedmont | 53.2 | 504 | 55.6 | 2.4 |
| Spartanburg | 49.4 | 393 | 52.2 | 2.8 |
| Region C | 55.6 | 980 | 58.1 | 2.5 |
| Pee Dee | 61.1 | 361 | 61.4 | 0.3 |
| Santee-Wateree | 51.6 | 146 | 48.3 | -3.3 |
| Tri-County | 68.5 | 245 | 66.0 | -2.5 |
| Waccamaw | 53.7 | 228 | 53.5 | -0.2 |
| Region D | 56.6 | 638 | 54.9 | -1.7 |
| Berkeley | 46.1 | 59 | 45.0 | -1.1 |
| Charleston | 56.8 | 332 | 56.8 | 0.0 |
| Coastal Empire | 54.5 | 120 | 52.6 | -1.9 |
| Orangeburg | 64.9 | 127 | 58.0 | -6.9 |
| The State | 57.2 | 4,594 | 58.6 | 1.4 |

**SCDMH Psychiatric Readmissions:**
Includes all readmissions to SCSH, CFSH & Bryan.
Includes readmissions to Harris on psych papers.
Includes Children's Unit readmissions at WSHPI.
Includes Santee-Wateree Non-Forensic readmissions to WSHPI.
The rate is the percentage of total psychiatric admissions that are readmissions for that fiscal year.
The percent is the percentage of total psychiatric admissions that are readmissions.
The variance is the difference between the FY 89 and FY 90 rates.

## Percent of Psychiatric Admissions to Psychiatric Hospitals Screened by Community Mental Health Centers for Fiscal Year 1990

| Community Mental Health Center | FY 89 Percent | FY 90 Percent | Variance |
|---|---|---|---|
| Region A | 93.0 | 95.5 | 2.5 % |
| Aiken | 91.6 | 95.5 | 3.9 |
| Catawba | 96.1 | 94.9 | -1.2 |
| Columbia | 92.5 | 95.4 | 2.9 |
| Lexington | 92.2 | 96.5 | 4.3 |
| Region B | 93.3 | 95.4 | 2.1 |
| A-O-P | 88.7 | 91.4 | 2.7 |
| Beckman | 96.0 | 96.0 | 0.0 |
| Greenville/Piedmont | 95.2 | 96.8 | 1.6 |
| Spartanburg | 92.8 | 96.7 | 3.9 |
| Region C | 94.9 | 95.1 | 0.2 |
| Pee Dee | 96.5 | 98.3 | 1.8 |
| Santee-Wateree | 85.6 | 82.1 | -3.5 |
| Tri-County | 98.2 | 97.8 | -0.4 |
| Waccamaw | 95.7 | 97.7 | 2.0 |
| Region D | 92.8 | 96.0 | 3.2 |
| Berkeley | 95.3 | 98.5 | 3.2 |
| Charleston | 92.3 | 94.9 | 2.6 |
| Coastal Empire | 92.9 | 96.5 | 3.6 |
| Orangeburg | 93.2 | 96.8 | 3.6 |
| The State | 93.5 | 95.5 | 2.0 |

**SCDMH Psychiatric Admissions:**
Includes all admissions to SCSH, CFSH & Bryan.
Includes admissions to Harris on psych. papers.
Includes the Children's Unit admissions at WSHPI.
Includes Santee-Wateree Non-Forensic admissions to WSHPI.
The FY 89 percent is the percentage of psychiatric admissions to Psych. hospitals screened by CMHCs for that fiscal year.
The variance is the difference between the FY 89 and the FY 90 percents.

## Percent of Hospital Admissions Age 0-17 Screened by Community Mental Health Centers, Fiscal Year 1990

| Community Mental Health Center | FY 89 Percent | FY 90 Percent | FY 90 Variance |
|---|---|---|---|
| **Region A** | 65.3 % | 63.3 % | -2.0 % |
| Aiken | 69.4 | 64.3 | -5.2 |
| Catawba | 75.0 | 63.1 | -11.9 |
| Columbia | 60.6 | 53.6 | -6.9 |
| Lexington | 63.6 | 74.6 | 10.9 |
| **Region B** | 70.7 | 81.9 | 11.2 |
| A-O-P | 55.5 | 67.4 | 12.0 |
| Beckman | 76.7 | 93.9 | 17.3 |
| Greenville/Piedmont | 80.0 | 80.2 | 0.2 |
| Spartanburg | 76.3 | 88.4 | 12.1 |
| **Region C** | 74.4 | 74.8 | 0.4 |
| Pee Dee | 75.9 | 76.2 | 0.3 |
| Santee-Wateree | 48.3 | 70.8 | 22.6 |
| Tri-County | 75.0 | 85.7 | 10.7 |
| Waccamaw | 88.9 | 69.4 | -19.4 |
| **Region D** | 61.4 | 77.3 | 16.0 |
| Berkeley | 68.8 | 77.3 | 8.5 |
| Charleston | 63.4 | 78.3 | 14.9 |
| Coastal Empire | 51.4 | 57.1 | 5.7 |
| Orangeburg | 64.3 | 92.0 | 27.7 |
| **The State** | 68.1 | 75.3 | 7.2 |

**Hospitals:**
SCSH, WSHPI, Bryan, Harris, and MV.
The FY 89 percent is the percentage of hospital admissions age 0-17 screened by CMHCs for FY 88-89.
The variance is the difference between the FY 89 and FY 90 percent.

## Alcohol/Drug Admission Rates per 100,000 Population for Fiscal Year 1990

| Community Mental Health Center | FY 89 Rate | FY 90 # of Adms | FY 90 Rate | Variance |
|---|---|---|---|---|
| Region A | 106.3 | 821 | 96.0 | -9.7 % |
| Aiken | 56.3 | 44 | 30.6 | -45.7 |
| Catawba | 71.1 | 130 | 60.1 | -15.5 |
| Columbia | 166.4 | 502 | 156.7 | -5.8 |
| Lexington | 80.1 | 145 | 83.1 | 3.8 |
| Region B | 112.5 | 1128 | 99.8 | -11.2 |
| A-O-P | 74.8 | 186 | 62.7 | -16.1 |
| Beckman | 111.7 | 204 | 91.5 | -18.1 |
| Greenville/Piedmont | 76.1 | 217 | 67.8 | -10.9 |
| Spartanburg | 191.6 | 521 | 179.5 | -6.3 |
| Region C | 65.6 | 492 | 63.2 | -3.6 |
| Pee Dee | 61.2 | 109 | 49.1 | -19.8 |
| Santee-Wateree | 55.6 | 135 | 68.7 | 23.6 |
| Tri-County | 135.7 | 135 | 123.7 | -8.8 |
| Waccamaw | 46.4 | 113 | 45.2 | -2.7 |
| Region D | 61.2 | 507 | 59.2 | -3.3 |
| Berkeley | 55.7 | 66 | 46.1 | -17.2 |
| Charleston | 46.6 | 203 | 50.6 | 8.5 |
| Coastal Empire | 70.3 | 96 | 50.6 | -28.1 |
| Orangeburg | 101.3 | 142 | 116.1 | 14.6 |
| The State | 88.9 | 2,948 | 81.5 | -8.4 |

**SCDMH Alcohol/Drug admissions:**
Includes all admissions to MV.
Includes admissions to Harris on A/D papers.
The number of admissions is the number of total admissions.
The admission rates are annualized.
The variance is the percentage difference between FY 89 and FY 90 rates.
An estimate of the 1990 population is used to calculate the admission rates.

## Percent of Hospital Admissions Age 0-17 Screened by Community Mental Health Centers, Fiscal Year 1990

| Community Mental Health Center | FY 89 Percent | FY 90 Percent | FY 90 Variance |
|---|---|---|---|
| **Region A** | 65.3 % | 63.3 % | -2.0 % |
| Aiken | 69.4 | 64.3 | -5.2 |
| Catawba | 75.0 | 63.1 | -11.9 |
| Columbia | 60.6 | 53.6 | -6.9 |
| Lexington | 63.6 | 74.6 | 10.9 |
| **Region B** | 70.7 | 81.9 | 11.2 |
| A-O-P | 55.5 | 67.4 | 12.0 |
| Beckman | 76.7 | 93.9 | 17.3 |
| Greenville/Piedmont | 80.0 | 80.2 | 0.2 |
| Spartanburg | 76.3 | 88.4 | 12.1 |
| **Region C** | 74.4 | 74.8 | 0.4 |
| Pee Dee | 75.9 | 76.2 | 0.3 |
| Santee-Wateree | 48.3 | 70.8 | 22.6 |
| Tri-County | 75.0 | 85.7 | 10.7 |
| Waccamaw | 88.9 | 69.4 | -19.4 |
| **Region D** | 61.4 | 77.3 | 16.0 |
| Berkeley | 68.8 | 77.3 | 8.5 |
| Charleston | 63.4 | 78.3 | 14.9 |
| Coastal Empire | 51.4 | 57.1 | 5.7 |
| Orangeburg | 64.3 | 92.0 | 27.7 |
| **The State** | 68.1 | 75.3 | 7.2 |

**Hospitals:**
SCSH, WSHPI, Bryan, Harris, and MV.
The FY 89 percent is the percentage of hospital admissions age 0-17 screened by CMHCs for FY 88-89.
The variance is the difference between the FY 89 and FY 90 percent.

# Alcohol/Drug Admission Rates per 100,000 Population for Fiscal Year 1990

| Community Mental Health Center | FY 89 Rate | FY 90 # of Adms | FY 90 Rate | Variance |
|---|---|---|---|---|
| Region A | 106.3 | 821 | 96.0 | -9.7 % |
| Aiken | 56.3 | 44 | 30.6 | -45.7 |
| Catawba | 71.1 | 130 | 60.1 | -15.5 |
| Columbia | 166.4 | 502 | 156.7 | -5.8 |
| Lexington | 80.1 | 145 | 83.1 | 3.8 |
| Region B | 112.5 | 1128 | 99.8 | -11.2 |
| A-O-P | 74.8 | 186 | 62.7 | -16.1 |
| Beckman | 111.7 | 204 | 91.5 | -18.1 |
| Greenville/Piedmont | 76.1 | 217 | 67.8 | -10.9 |
| Spartanburg | 191.6 | 521 | 179.5 | -6.3 |
| Region C | 65.6 | 492 | 63.2 | -3.6 |
| Pee Dee | 61.2 | 109 | 49.1 | -19.8 |
| Santee-Wateree | 55.6 | 135 | 68.7 | 23.6 |
| Tri-County | 135.7 | 135 | 123.7 | -8.8 |
| Waccamaw | 46.4 | 113 | 45.2 | -2.7 |
| Region D | 61.2 | 507 | 59.2 | -3.3 |
| Berkeley | 55.7 | 66 | 46.1 | -17.2 |
| Charleston | 46.6 | 203 | 50.6 | 8.5 |
| Coastal Empire | 70.3 | 96 | 50.6 | -28.1 |
| Orangeburg | 101.3 | 142 | 116.1 | 14.6 |
| The State | 88.9 | 2,948 | 81.5 | -8.4 |

**SCDMH Alcohol/Drug admissions:**
Includes all admissions to MV.
Includes admissions to Harris on A/D papers.
The number of admissions is the number of total admissions.
The admission rates are annualized.
The variance is the percentage difference between FY 89 and FY 90 rates.
An estimate of the 1990 population is used to calculate the admission rates.

# Alcohol/Drug Readmission Rates for Fiscal Year 1990

| Community Mental Health Center | FY 89 Rate | FY 90 # of Adms | FY 90 Rate | Variance |
|---|---|---|---|---|
| **Region A** | 57.0 % | 461 | 56.2 % | -0.8 % |
| Aiken | 43.8 | 14 | 31.8 | -12.0 |
| Catawba | 50.0 | 59 | 45.4 | -4.6 |
| Columbia | 60.6 | 301 | 60.0 | -0.6 |
| Lexington | 58.4 | 87 | 60.0 | 1.6 |
| **Region B** | 48.1 | 535 | 47.4 | -0.7 |
| A-O-P | 44.7 | 82 | 44.1 | -0.6 |
| Beckman | 48.2 | 100 | 49.0 | 0.8 |
| Greenville/Piedmont | 44.0 | 94 | 43.3 | -0.7 |
| Spartanburg | 51.1 | 259 | 49.7 | -1.4 |
| **Region C** | 39.2 | 214 | 43.5 | 4.3 |
| Pee Dee | 45.2 | 53 | 48.6 | 3.4 |
| Santee-Wateree | 35.2 | 58 | 43.0 | 7.8 |
| Tri-County | 38.1 | 61 | 45.2 | 7.1 |
| Waccamaw | 37.2 | 42 | 37.2 | 0.0 |
| **Region D** | 41.2 | 229 | 45.2 | 4.0 |
| Berkeley | 35.1 | 32 | 48.5 | 13.4 |
| Charleston | 43.5 | 96 | 47.3 | 3.8 |
| Coastal Empire | 36.2 | 44 | 45.8 | 9.6 |
| Orangeburg | 47.2 | 57 | 40.1 | -7.1 |
| **The State** | 48.1 | 1439 | 48.8 | 0.7 |

**SCDMH Alcohol/Drug Readmissions:**
Includes all readmissions to MV.
Includes readmissions to Harris on A/D papers.
The rate is the percentage of total A/D admissions that are readmissions for that fiscal year.
The variance is the difference between the FY 89 and FY 90 rates.

# Percent of Alcohol/Drug Admissions Screened by Community Mental Health Centers for Fiscal Year 1990

| Community Mental Health Center | | | |
|---|---|---|---|
| Region A | 73.9 % | 74.2 % | 0.3 % |
| Aiken | 57.5 | 56.8 | -0.7 |
| Catawba | 82.2 | 70.0 | -12.2 |
| Columbia | 77.8 | 78.1 | 0.3 |
| Lexington | 59.1 | 69.7 | 10.6 |
| Region B | 77.8 | 83.7 | 5.9 |
| A-O-P | 62.1 | 70.4 | 8.3 |
| Beckman | 74.9 | 81.4 | 6.5 |
| Greenville/Piedmont | 80.1 | 87.1 | 7.0 |
| Spartanburg | 84.3 | 87.9 | 3.6 |
| Region C | 63.8 | 69.1 | 5.3 |
| Pee Dee | 68.9 | 73.4 | 4.5 |
| Santee-Wateree | 57.4 | 66.7 | 9.3 |
| Tri-County | 53.7 | 74.1 | 20.4 |
| Waccamaw | 77.0 | 61.9 | -15.1 |
| Region D | 65.0 | 65.1 | 0.1 |
| Berkeley | 83.1 | 74.2 | -8.9 |
| Charleston | 53.3 | 52.7 | -0.6 |
| Coastal Empire | 46.9 | 45.8 | -1.1 |
| Orangeburg | 90.2 | 91.5 | 1.3 |
| The State | 72.4 | 75.4 | 3.0 |

**SCDMH Alcohol/Drug Admissions:**
Includes all admissions to MV.
Includes admissions to Harris on A/D papers.
The FY 89 percent is the percentage of non-forensic admissions to A/D facilities screened by CMHCs for that fiscal year.
The variance is the difference between the FY 89 and the FY 90 percents.